

CITY OF HUDSON

Merchant, Solicitor and/or Peddler License Application

(Chapter 10, Article V), (Chapter 10, Article VI) and/or (Chapter 10, Article VII)

Applicant's Information:

Full Name:	_____	Birthday:	_____
Address:	_____	Phone:	_____

Business:	_____	Phone:	_____
Address:	_____	Website:	_____

Brief description of the nature of the business, the goods to be sold and the method used (ex, door-to-door):

Start Date: _____ End Date: _____

I hereby declare under penalty or perjury that the foregoing information contained in this application is true and correct, such declaration being duly dated and signed in the city. I further understand that misstatements and inaccuracies in the application are grounds for immediate termination of said license. I hereby authorize the city, its agents, and employees to seek information and investigate the truth of the statements set forth in the application and the qualifications of the applicant for this registration.

X _____ DATE _____
(APPLICANT'S SIGNATURE)

Applicant must submit a complete packet including the application form and the following documents before registration will be considered:

- ☐ Names, home street addresses and copy of driver's license for **each individual** who will participate as a merchant, solicitor, or peddler on behalf of the parent organization.
- ☐ A statement as to whether the applicant or each individual has been convicted of a felony or any misdemeanor involving moral turpitude, any form of actual or threatened physical harm against another person, or any type of criminal sexual conduct, and if so, a brief description of the crime, including its location and date, and an explanation of the reason, therefore.
- ☐ Names of the parent organizations with phone numbers or websites

☐ Bond (Only for out of state Solicitor)

Non-Refundable Application Fee: \$30.00	Date:	Amount Paid: \$
License Fee: \$20	Date:	Amount Paid: \$
HPD Incident #:	HPD signature:	

Individual in Charge	Business Name: _____
Full Name: _____	Birthday: _____
Address: _____	Phone: _____
_____	_____
Vehicle: _____	Plate / State: _____

Criminal History: Yes NO www.michigan.gov/ICHAT Attached Yes NO
Explanation: _____

Additional Individual in group:

Full Name: _____ Birthday: _____
Address: _____ Phone: _____

Criminal History: Yes NO www.michigan.gov/ICHAT Attached Yes NO
Explanation: _____

Additional Individual in group:

Full Name: _____ Birthday: _____
Address: _____ Phone: _____

Criminal History: Yes NO www.michigan.gov/ICHAT Attached Yes NO
Explanation: _____

Additional Individual in group:

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Address: _____ Phone: _____

Criminal History: Yes NO www.michigan.gov/ICHAT Attached Yes NO
Explanation: _____

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Address: _____ Phone: _____

Criminal History: Yes NO www.michigan.gov/ICHAT Attached Yes NO
Explanation: _____

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Full Name: _____ Birthday: _____
Address: _____ Phone: _____

Criminal History: Yes NO www.michigan.gov/ICHAT Attached Yes NO
Explanation: _____

**ATTACH COPY OF ALL PHOTO ID'S
ON NEXT PAGE**