

CITY OF HUDSON

Merchant, Solicitor and/or Peddler License Application (Chapter 10, Article V), (Chapter 10, Artical VI) and/or (Chapter 10, Artical 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)

Application Fee: \$5.00	Date:	Amount Paid: \$
License Fee: \$15	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: _____

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Address: _____ Phone: _____

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

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

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

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