

Permit is valid for only one year;  
Expires on 12/31 of each year.

Fee: \$30.00



\*All Applicants must provide  
an ICHAT background check  
and get fingerprinted to  
complete application.

## APPLICATION FOR PEDDLER'S AND CANVASSER'S PERMIT ORDINANCE NO. 234, AMENDED ORDINANCE NO. 706

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First, Middle, Last

Address: (Local) \_\_\_\_\_ Phone: \_\_\_\_\_  
Street, City, State

Address: (Legal) \_\_\_\_\_  
Street, City, State

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Month, Day, Year

Sex: Male  Female  Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Briefly describe the nature of the goods/services/issues to be sold or discussed with the residents:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If employed: Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Street, City, State

Employment Credentials shown: Yes  No  Michigan Sales Tax Permit License Number:  
\_\_\_\_\_

\*Length of time for which permit is requested: From \_\_\_\_\_ to \_\_\_\_\_  
(\*permit is only valid until 12/31 of each year requested) Month, Day, Year Month, Day, Year

If vehicle is to be used, give description: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Attach in the space to the right a 2"x 2" photograph of applicant taken within 60 days prior to the date of filing of the application and showing head and shoulders of applicant in a clear and distinguishing manner.

NOTE: At the time of filing this application a fee of thirty dollars (\$30.00) shall be paid to the City Clerk to cover the cost of investigation/fingerprinting.

[ATTACH PHOTO]

Have you ever been convicted of a misdemeanor, or violation of any municipal ordinance?

Yes  No  If answer is yes, give particulars of each charge and state disposition of each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STANDARD OF CONDUCT:**

It is the intention of any solicitation ordinance to emphasize it is the responsibility of the persons soliciting to recognize the responsibility they have to conduct themselves in a civil manner, not using high pressure sales techniques and recognizing that if the resident at all hesitates or refuses further discussion with the person soliciting, further activity shall immediately cease and the person soliciting shall immediately leave the premises.

Any violation of the Sections in this Ordinance shall be deemed to be a civil infraction punishable by a fine of up to \$500 for each violation issued by the City of Clawson.

**FOOD SERVICE APPLICANTS:**

Applicant's that handle food and other perishable and non perishable products shall file with this application a statement by a reputable physician, dated not more than ten (10) days prior to submission of the application, certifying the applicant to be free of infectious, contagious, or communicable disease.

***I hereby certify that the foregoing statements are true and accurate to the best of my knowledge and belief, and assert that I have read and acknowledge the "No Knock Ordinance" and will abide by said requirements therein.***

Signature of Applicant: \_\_\_\_\_

**STATE OF MICHIGAN     )  
COUNTY OF OAKLAND ) SS.**

\_\_\_\_\_ being duly sworn, deposes and says that \_\_\_\_\_  
has read the foregoing application and that the information contained herein is true and correct.

Notary Public: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

Sworn to and subscribed before me, a Notary Public in and for the County of \_\_\_\_\_,  
State of Michigan, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

OFFICE USE ONLY	
Police Chief: _____	Date: _____
License Issued: _____	Date: _____