



VILLAGE OF
PINCKNEY
220 S Howell Street, Pinckney MI 48169
Phone: 734-878-6206

PEDDLER/SOLICITOR APPLICATION

Permit No. _____
Each authorized individual Must carry a copy of this license as well as proper company identification

Organization Name: _____

Organization Address: _____

Applicant Name: _____ Phone: _____

Applicant email: _____

Driver's License #: _____ Dates of Activities: _____ Hours: _____

Type of activities (ie: door-to-door solicitation, selling of goods): _____

Description of business/goods to be sold: _____

Proposed method of delivery: _____

If goods are to be sold at specific location(s), please list proposed location(s)* _____

* Permission of property owner must accompany application along with a diagram of each location

List of all individuals proposed to solicitate/peddle (a copy of driver's license must be provided for each applicant):

Name:	Driver's License provided	Background fee provided	Approved	Not Approved
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide additional sheets if necessary

I understand that a thorough background check will be conducted on each proposed individual to conduct business on behalf of _____ (Name of applicant/organization). I further understand that ONLY those individuals approved may conduct door-to-door sales/peddling within the Village of Pinckney. Unauthorized use of this permit or use by anyone other than those approved above or in violation of Village Ordinance will result in revocation for the entire organization.

Applicants Signature: _____ Date: _____

\$25 application fee + \$15x _____ **(# of individuals) = \$** _____ **Paid by check #** _____