

City of Mount Clemens
One Crocker Boulevard
Mount Clemens, Michigan 48043
(586) 469-6818

**Application for Door-To-Door Solicitation
Ordinance # 20.300**

Applicant Name: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Hours: _____

Type of Business: _____ Is this Business Non-Profit? _____

Federal Tax ID # _____ (required unless the merchant qualifies for exemption).

Type of Soliciting: _____ Commercial _____ Residential

Method of Soliciting: _____ Walking _____ Driving

Vehicle Description:

Year	Make	Model	Color	Plate No.
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Please describe the purpose for soliciting and the goods to be sold: *(are the goods to be sold from items in stock or possession, or from items by direct sale and taking orders)*

Dates that solicitation will take place: _____

Hours of solicitation*: _____

**Soliciting before 10:00 a.m. or after 7:00 p.m. is not permitted.*

Has the applicant, any employee, agent, contractor or the person on whose behalf the applicant is requesting this license been convicted of a felony or misdemeanor or cited for the violation of a local ordinance, if so, please identify the person and his address and the nature of his offense.: _____

The above information is, to the best of my knowledge, true, correct and complete. I understand that any omission, misrepresentation, false statement or misleading information will result in the immediate revocation of the license.

Applicant Signature

Date

I acknowledge that I received a copy of the City of Mount Clemens "No Soliciting" ordinance along with a list of residents who have requested no solicitation, and I will abide by their request.

Applicant Signature

Date