

Village of Central Lake
1622 N. M-88
P.O. Box 368
Central Lake, MI 49622

Phone: (231) 544-6483

Fax: (231) 544-2218

PEDDLERS LICENSE

Office Use Only:

Date Received: _____

Fee Received: _____

Check Number: _____

Approved: _____ Permit #: _____

Denied: _____

Name: _____

Mailing Address: _____

Telephone (Home): _____ **(Business):** _____

B: A brief description of the nature of the business and the goods, wares or merchandise to be sold: _____

C: A description of the method to be used in the sale of the goods, wares or merchandise (i.e., in transient manner or from a fixed, specified location): _____

D: If employed by another person, the name and address of the employer:

Who: _____

Address: _____

E: The length of time for which the right to do business is desired: _____

F: If a motor vehicle, trailer or wagon is to be used, a description of that motor vehicle, trailer or wagon and the state issues license plate number of the motor vehicle or trailer, and other means of identifying the motor vehicle, trailer or wagon. _____

G: A photograph of the applicant taken within 60 days immediately prior to the date the application is filed, which pictures shall be no less than two (2) inches by two (2) inches showing the head and shoulders of the applicant in a clear distinguishing manner. _____

H: A complete set of fingerprints taken from the applicant by or under the direction of the Village of Central Lake Police Chief. _____

I: The name and addresses of no less than two (2) reliable residents of the Village of Central Lake or the Central Lake Township who will vouch for the applicant's good character and business responsibility, or in lieu of the names of such references, any other available evidence reflecting the good character and business responsibility of the applicant which will enable a proper evaluation of such character and business responsibility:

1) Name: _____	2) Name: _____
Address: _____	Address: _____
_____	_____
_____	_____

J: A statement whether the applicant had made an applicant for a similar peddlers license in the Village of Central Lake or in any other municipality within the state and a deposition of those other license applications: _____

K: A written statement signed by the applicant concerning whether he or she has ever been convicted or any crimes or found in violations of any ordinance of any municipality: _____

AFFIDAVIT:

I agree the statements made above are true, and if found not to be true, any Peddlers License that may be issued may be void. Further, I agree to comply with the conditions and regulations provided with any license that may be issued. I agree the license that may be issued is with the understanding all applicable sections of the Village of Central Lake Zoning Ordinance will be complied with.

Signed: _____

Date: _____

\$25.00 Fee

When completed, send to:
Scott Barrett, Police of Chief
Village of Central Lake
P.O. Box 368
Central Lake , MI 49622
(231) 544-2911