

APPLICATION FOR TRANSIENT MERCHANT LICENSE

Pursuant to Chapter 25 of the Kalamazoo City Code

**City of Kalamazoo
Office of the City Clerk
241 West South Street
Kalamazoo, MI 49007**

(Please print or type)

APPLICANT INFORMATION (please print or type)

Applicant's Name _____
Address _____ City _____ State _____
Zip Code _____ Telephone _____
Date of Birth _____ Social Security Number _____
Driver's License/State ID # _____ State _____

LOCAL CONTACT INFORMATION (If different from above - please print or type)

Name of host, hotel, or business where you may be contacted locally:

Address _____
Telephone _____

AREA OR LOCATION OF ACTIVITY

Address and/or location at which you will be selling: _____

Name of business at which you will be selling (if applicable): _____

Will you be conducting business indoors or outdoors? Indoors _____ Outdoors _____

DESCRIPTION OF PRODUCTS/SERVICES TO BE SOLD AND SALES METHODS

Please describe the products or services to be sold: _____

Briefly describe the sales methods to be used: _____

DATES AND TIMES OF ACTIVITY

License requested for: _____ One Week _____ One Month _____ Six Months _____ One Year
Non-refundable fees: \$50.00 \$150.00 \$300.00 \$500.00

Effective dates: From: _____ To: _____

Please list the **days** and **times** that you will be selling goods/services:

Times

Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday	_____
Sunday	_____

PREVIOUS EXPERIENCE

Please list your previous experience as a transient merchant:

Location

Product/Service Sold

Dates of Activity

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROPERTY/BUSINESS OWNER PERMISSION – permission for applicant to sell at the location specified above

Business name: _____
Property location/business address: _____
Business/property owner’s name: _____
Business/property owner’s phone number: _____

As the owner of the above property/business, I hereby grant permission for _____
to operate as a transient merchant as described in this application. Applicant’s Name

Business/Property Owner’s Signature

Please print name

BUSINESS INFORMATION – please provide the following information about the organization for which you work

Business name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business owner(s) if different from applicant: _____

Applicant's direct supervisor: _____

Supervisor's title: _____ Supervisor's Phone: _____

List any local offices and/or storage facilities operated by this organization:

Facility Description

Location

<u>Facility Description</u>	<u>Location</u>

SUPPLIER INFORMATION – provide the following information for each supplier of the goods to be sold

Business name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business owner(s): _____

Product(s) supplied: _____

List any local offices and/or storage facilities operated by this organization:

Facility Description

Location

<u>Facility Description</u>	<u>Location</u>

Business name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business owner(s): _____

Product(s) supplied: _____

List any local offices and/or storage facilities operated by this organization:

Facility Description

Location

Business name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business owner(s): _____

Product(s) supplied: _____

List any local offices and/or storage facilities operated by this organization:

Facility Description

Location

Business name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business owner(s): _____

Product(s) supplied: _____

List any local offices and/or storage facilities operated by this organization:

Facility Description

Location

PLEASE READ CAREFULLY AND SIGN BELOW

Have you ever had any license issued by the City of Kalamazoo or any other governmental entity related in any manner to the sale of goods revoked, suspended or denied? Yes _____ No _____

IF YES, please give the reasons for said action: _____

Pursuant to section 25-2b, all licenses are subject to the following conditions:

- The applicant shall permit inspection of the goods to be sold, and in the case of a transient merchant, the place the business is being conducted from, at reasonable times by any representative of the City of Kalamazoo.
- The applicant shall not engage in the business of a peddler or transient merchant at any time after the license has expired, without having been reissued, or at any time when the license is suspended or revoked.
- That the applicant shall post the license in a conspicuous location in the place where the business is being conducted, where it shall remain in plain sight at all times that the business is being carried on.
- No license shall be issued or renewed unless and until the applicant, and if the applicant's employer is furnishing the goods to be sold, the partners, officers or agents of the firm, association, company or corporation that will be engaged in the activity to be licensed or supervising the same, if deemed necessary by the Kalamazoo Department of Public Safety, submit to being fingerprinted and photographed as part of the background investigation.
- The license is subject to suspension or revocation pursuant to Section 25-3 and Section 25-4 of the City Code.

By filing this application, I acknowledge I have read the above conditions, and I authorize the City of Kalamazoo to conduct a background check on myself, the applicant, as well as on the partners, officers or agents of any firm, association, company or corporation that is furnishing goods to be sold under the license requested in this application. In addition, by signing this application I affirm that the information provided is accurate and that, if a license is granted, I will abide by all applicable ordinances, statutes, regulations and laws. I understand that I may ask the City Clerk for a copy of the provisions of the City Code pertaining to Transient Merchants.

Applicant's Signature: _____ Date: _____

For Office Use Only

APPLICATION RECEIPT – CITY CLERK’S OFFICE

Applicant’s Name: _____

Application received by: _____ Date received: _____

Fee paid: First ½: \$ _____ Date: _____ Second ½: \$ _____ Date: _____

PUBLIC SAFETY – CRIMINAL BACKGROUND CHECK

Application received by: _____ Date received _____

Background check performed by: _____

Result: _____ Acceptable _____ Unacceptable

Fingerprints required? Yes _____ No _____ Date prints taken: _____

Photograph required? Yes _____ No _____ Date photograph taken: _____

Comments: _____

ZONING INSPECTION

Application received by: _____ Date received _____

Inspection performed by: _____ Date: _____

Result: _____ Acceptable _____ Unacceptable

Comments: _____

City Clerk’s approval: _____ Date: _____

License/permit number: _____

(Attach copy of identification card here)