

Fees: 1 Day \$ 10.00  
2 Days \$ 15.00  
3 Days \$ 20.00  
1 Week \$ 25.00  
1 Month \$ 75.00  
3 Months \$ 150.00

City of Clare  
202 West Fifth Street  
Clare, MI 48617

Permit# \_\_\_\_\_

**CERTIFICATE OF REGISTRATION – PEDDLER/SOLICITOR**

APPLICANT'S NAME: \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS: \_\_\_\_\_

BUSINESS NAME & PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOLICITAION PERIOD: FROM \_\_\_\_\_ TO \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Briefly describe the nature of your business and/or the goods to be sold: \_\_\_\_\_

Proposed Method of Operation: \_\_\_\_\_ Door to Door \_\_\_\_\_ Fixed Location  
\_\_\_\_\_ Business to Business \_\_\_\_\_ Other \_\_\_\_\_

Has a Certificate of Registration ever been revoked? ( ) Yes ( ) No

Have you ever been convicted of a violation or a felony under the Laws of the State/other state/Federal Law?  
( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

Three most recent communities solicited previously:

\_\_\_\_\_

Organization is classified as: \_\_\_\_\_ Profit \_\_\_\_\_ Sales Tax ID

\_\_\_\_\_ Non-Profit \_\_\_\_\_ Tax Exempt IRS #

Food Vendors: Please provide a copy of your Health Certificate \_\_\_\_\_  
Health Certificate ID #

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

\*\*Please list all other persons who will be soliciting on behalf of the firm or organization on the back of this application.

I hereby certify all information provided by me in this application is true to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant Date

Fee Amount \$ \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_

The applicant has been authorized to conduct the activities described above.

Signed \_\_\_\_\_  
Chief of Police Date