



# SOLICITORS OR PEDDLERS LICENSE APPLICATION

3195 Wilson Ave. SW – Grandville, MI 49418-1274 – (616) 531-3030 – Fax (616) 530-3859

<b>APPLICANT INFORMATION:</b>	
Name:	
Company	
Mailing Address:	
Phone:	Email address:

**TYPE OF ACTIVITY:**

\_\_\_\_\_ Door-to-Door inquiries for the purposes of sales, donations, advertising, etc.

Type of activity being solicited: \_\_\_\_\_

\_\_\_\_\_ Other – please specify: \_\_\_\_\_

Beginning Date:	Ending Date:	Hours of Operation:
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**Please provide along with this application:**

- a document explaining the activity this permit will be used for
- a list of solicitors including name, address, phone number, date of birth and drivers license number
- a brief description and license plate number of any vehicles that will be association with this permit

**Fees due: \$25.00 per day or \$50.00 per week**

I affirm that the above information is true and that I have been provided and read a copy of Section 3-13 (c) of the Zoning Ordinance of the City of Grandville. I agree to abide by all standards of that Article and to meet all (if any) conditions imposed herein. I understand this permit may be revoked if I fail to comply with any or all of the requirements.

\_\_\_\_\_  
Signature

Application Approved: \_\_\_\_\_

Application Disapproved: \_\_\_\_\_

Conditions of approval:

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\_\_\_\_\_  
Signature

COPIES DISTRIBUTED TO:		
Police Department _____	Fire Department _____	Public Works _____
Clerk's Office (original) _____	Applicant _____	