APPLICATION FOR HAWKER / PEDDLER LICENSE

The undersigned,		hereby subm	hereby submits the following information to	
support the application for a H	lawker / Peddler Li	cense, as required by C	hapter 110 of the Code of	
Ordinance for the City of the V	/illage of Douglas.			
Name of Business		Phone		
Address		City	State/Zip	
Applicant Name		DOB	Phone	
Applicant Address		City	State / Zip	
Supervisor / Manager Name			Phone	
Vehicle Used				
Vehicle Used Make	Model	Color	License Plate No.	
IDENTIFICATION REQUIRED A	T TIME OF APPLICA	ATION SUBMITTAL		
Driver's License No		Issuing State		
Criminal Record: List all dates	of offenses and di	sposition, except minor	traffic offenses.	
Days / Hours of Operation				
Description of Articles or Servi	ces Offered			
Federal ID #		Michigan Sales Tax #		
Allegan County Health Dept. F	ood Vendor Certific	cate #		

Business References

Name	Address	Phone
Name	Address	Phone
Photo IDYes	No	
Proof of vehicle insurance and reg	gistrationYesNo	
Copy of Allegan County Health Ins	pection Certificate (if applicable)	_YesNo
Copy of Performance Bond	YesNo	
Certificate of Liability Insurance _	YesNo	
Set of fingerprintsYes	No	
I hereby certify that the foregoing information shall be a basis for de	information is true and complete. Knowing inial of license.	gly falsifying this
	Date	
Signature of Applicant		
• •	r/Peddler License must be approved by the issued by the City Clerk. Please allow suffic	•
I hereby approve the application f	or the Hawker/Peddler License subject to t	he attached conditions.
	Date	
Police Chief Kenneth Giles		