



# Hawker/Peddler License Application

Application Fee \$15

*The Village of Friendliness—Since 1870*

No business or temporary vendor shall operate or do business within the City without having registered with the City Clerk. Each business with a separate location shall be required to be licensed under City of Douglas Code of Ordinance Chapter 110, Business Licenses.

### Business Information

Name of Business: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address / PO Box \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Days/Hours of Operation: \_\_\_\_\_

Description of Articles or Services Offered: \_\_\_\_\_

Federal ID#: \_\_\_\_\_ Michigan Sales Tax #: \_\_\_\_\_

Allegan County Health Department Food Vendor Certificate #: \_\_\_\_\_

### Business References:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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### Identification Required at Time of Application Submittal

Vehicle Used – Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Criminal Record: *List all dates of offenses and disposition, except minor traffic offenses.*

\_\_\_\_\_  
\_\_\_\_\_

- Provide a copy of photo ID
- Provide a copy of vehicle insurance and registration
- Copy of Allegan County Health Inspection Certificate (if applicable)
- Copy of performance bond
- Certificate of liability insurance
- Set of fingerprints

I hereby certify that the forgoing information is true and complete. Knowingly falsifying this information shall be a basis for denial of license.

Note: An application for Hawker / Peddler License must be approved by the designated enforcing officers before the license can be issued by the City Clerk. Please allow sufficient time to obtain these approvals.

**Yes, I have read the City of Douglas Code of Ordinance Chapter 110**

\_\_\_\_\_  
Signature of Business Owner Date

**FOR INTERNAL USE ONLY**

<b>CITY OF DOUGLAS REVIEW</b>	
Approved <input type="checkbox"/>	Conditional Approval <input type="checkbox"/> Denied <input type="checkbox"/> Permit Number _____
Rationale _____	
Fee Paid <input type="checkbox"/> Identification Provided <input type="checkbox"/> Application Complete <input type="checkbox"/>	
_____ <i>Signature of Police Chief</i>	_____ <i>Date</i>
_____ <i>Signature of City Clerk</i>	_____ <i>Date</i>

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