



# CITY OF NILES

333 N. Second Street, Ste. 301  
Niles, Michigan 49120

ci.niles.mi.us • lcasperson@nilesmi.org • Phone: 269/683-4700x3030 • Fax: 269/684-3930

## TRANSIENT MERCHANT/PEDDLER LICENSE APPLICATION

Date: \_\_\_\_\_

**\*Review the current Peddlers/Solicitors and Transient Merchant Ordinance before submitting this Application**

### APPLICATION FEES

**Please complete and submit Application with a fee of \$20/day; \$50/week or \$150/month. (RES #2011/03-1854)**

### APPLICANT INFORMATION

Name (Last, First, MI.) ↑ Title ↑

Company ↑

Mailing Address (Street Address Required) ↑ Suite/ Apt. # ↑

City/State/Province/Country, ZIP/Postal Code ↑

Email Address ↑

Phone Number ↑ Fax Number ↑

### Agents/Representatives

Name ↑ Phone ↑ ID/Lic. # ↑

Name ↑ Phone ↑ ID/Lic. # ↑

Name ↑ Phone ↑ ID/Lic.# ↑

### VEHICLE INFORMATION

Make ↑ Model ↑ Year ↑

License Plate Number: ↑

### MERCHANDISE TO BE SOLD

\_\_\_\_\_

### ADDRESS OR LOCATION INFORMATION

► **Submit a letter from the Business Owner giving you permission to solicit on the premises**

Business Name: ↑ Phone: ↑

Business Address: ↑

### TIME PERIOD FOR LICENSE REQUEST:

Date Begin: ↑ Time Begin: ↑ Days ↑

Date End: ↑ Time End: ↑

I solemnly affirm, under the penalty of perjury, that the information provided in this application is true, complete and correct; that I have carefully read Peddlers and Solicitors Article III & Transient Merchants Article VI of the City of Niles Code of Ordinances and that, if permitted, I will faithfully follow all the rules to the best of my ability.

Signature \_\_\_\_\_

Date \_\_\_\_\_