



**Peddler's License or  
Transient Merchant License**  
City of Niles  
333 N Second Street  
Niles, MI 49120

FOR OFFICIAL USE ONLY	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
License #:	_____
Application Date:	_____

**Application Fee:** New or Renewal \$20/day, \$50/week, \$150/month. *Included is a criminal history background investigation*

**Application:**  New  Renewal

**Applying as:**  Employee or Agent  Employer  Principal (Each employee must complete a separate license application.)

**Business will occur:**  Door-to-Door/Place to Place  On a Parcel of Land

**Attach to application:** A copy of the applicant's driver's license or other photo government issued identification.

<b>Applicants Full Name:</b> <i>(First, Middle, Last)</i>	<b>Home Address:</b>		
<b>Date of Birth:</b>			
<b>Last 4 digits of your Social Security Number:</b>	<b>If employed or acting as an agent, name, address, and phone number of employer or principal:</b>		
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Name:</b>		
<b>Phone Number(s):</b> <i>(Mobile and Home)</i>	<b>Address:</b>		
<b>Nature of business and the good or services to be sold:</b>	<b>Phone Number:</b>		
	<b>Description of relationship with the principal or employer:</b> <i>(employee, contractor, etc.)</i>		
<b>Will a vehicle be used?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Make:</b> _____ <b>Model:</b> _____ <b>Year:</b> _____ <b>License #:</b> _____	<b>State:</b> _____		
If yes, provide vehicle description: _____			
<b>Have you or anyone included in this application been convicted of any crime within the last 10 years, including misdemeanors, gross misdemeanors, or violations of any municipal ordinance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe the nature of the offense and the punishment or penalty assessed.			
<b>Are you or anyone included in this application a registered sex offender?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the jurisdiction in which you are currently registered as a sex offender.			

**APPLICATION**

All applicant's for a peddler license must provide the following.

**EMPLOYER OR PRINCIPAL**

Any individual, corporation, partnership or other organization which acts as the principal or employer for individual solicitors or peddlers must provide the following in addition to the information required above.

<b>Legal name of Business entity:</b>	<b>Business Phone Number:</b>
	<b>Business Fax Number:</b>
<b>Business Mailing Address:</b>	<b>Business Street Address:</b> <i>(if different than mailing)</i>
<b>Business Name:</b> <i>(if different than legal entity)</i>	<b>Name of Registered Agent:</b>
<b>State Incorporated:</b>	<b>Registered Agent Address:</b> <i>(if different than mailing)</i>

*(Continued)*

<b>Corporation, Partnership or Limited Liability Company (if applicable) – If the entity is a Corporation, Partnership or Limited Liability Company list all partners or members names, addresses, and telephone numbers with the authority to act on behalf of the partnership or company: (attach additional page if needed)</b>	
<b>Name:</b>  <b>Address:</b>  <b>Phone Number:</b>	<b>Name:</b>  <b>Address:</b>  <b>Phone Number:</b>
<b>Name:</b>  <b>Address:</b>  <b>Phone Number:</b>	<b>Name:</b>  <b>Address:</b>  <b>Phone Number:</b>
<b>The names, addresses, and phone numbers of all individuals who are employed by or acting as an agent for the above listed entity that will be engaged in peddling activities within the City: (attach an additional page if needed) (Each individual that will be engaging in peddling activity must complete a separate license application.)</b>	
<b>Name:</b>  <b>Address:</b>  <b>Phone Number:</b>	<b>Name:</b>  <b>Address:</b>  <b>Phone Number:</b>
<b>Name:</b>  <b>Address:</b>  <b>Phone Number:</b>	<b>Name:</b>  <b>Address:</b>  <b>Phone Number:</b>
<b>Manager or supervisor of the above listed peddlers: (if applicable)</b> <b>Name:</b>  <b>Address:</b>  <b>Home Phone:</b>  <b>Business Phone:</b>	<b>List of all other cities, towns and counties you have obtained a peddler's permit or license or similar permit or license within the past two years:</b>
<b>Have any of the corporation/partners/organization's officers been convicted of any crime within the last 10 years, including misdemeanors, gross misdemeanors, or violations of any municipal ordinance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe the nature of the offense and the punishment or penalty assessed.	

I hereby declare under penalty of perjury, that the statements furnished by me on this application, including any accompanying information, are true, correct and complete.

I hereby declare that I have been provided copy of the City of Niles Peddler's and Solicitors or Transient Merchant Ordinance.

I also hereby authorize the City of Niles to conduct a background investigation, as described and required by Section 62.120.

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

<b>OFFICE USE ONLY:</b>			
City Clerk: _____	Date: _____	Police: _____	Date: _____
Credentials Issued: _____	Date: _____	Zoning Designation If applicable: _____	
License #: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	

**TRANSIENT MERCHANT LICENSE  
SALES PROPOSED TO OCCUR ON A PARCEL OF LAND**

*All sales proposed to occur on a parcel of land located within the City must be upon property zoned CB or NB.*

The following must accompany your application for Transient Merchant License:

1. Full name, address, telephone number and signature of property owner authorizing use of the parcel for transient sales
2. A site plan showing the location of the sale area and indicating the nearest driveway and the nearest fire hydrant and describing the set-up for sales, use of tables to display wares, tents, etc.

Please note: other information may be required by the City to determine ownership of the parcel, the location of sales on the parcel and other issues associated with compliance with the City's land use code and regulations.

**PROPERTY OWNER'S AUTHORIZATION**

I, \_\_\_\_\_, owner(s) of the property located at  
\_\_\_\_\_ (street address),  
\_\_\_\_\_ (telephone number), hereby authorize (business name) \_\_\_\_\_  
to conduct business on my property.

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

**SITE PLAN**

**PEDDLER OR TRANSIENT MERCHANT LICENSE  
AUTHORIZATION FOR CRIMINAL BACKGROUND INVESTIGATION**

I, \_\_\_\_\_, hereby authorize the City of Niles to conduct a criminal background investigation.

**APPLICANT IDENTIFICATION INFORMATION**

Applicant's Legal Name \_\_\_\_\_  
*(please print legibly)*                      Last                      First                      Middle

Alias/Maiden/Other Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth [MM/DD/YYYY] \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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