

DATE: _____

LICENSE NO.: _____
(OFFICE USE)

CITY OF MADISON HEIGHTS
INITIAL APPLICATION – COMMERCIAL SOLICITATION LICENSE

(PLEASE PRINT OR TYPE AND COMPLETE EVERY LINE – USE BLACK INK ONLY)

NAME OF APPLICANT: _____ PHONE # _____

PERMANENT ADDRESS: _____

CITY _____, STATE _____ ZIP _____

LOCAL ADDRESS (IF DIFFERENT): _____

CITY _____, STATE _____ ZIP _____

BIRTH DATE: _____ DRIVER'S LICENSE NO.: _____

HEIGHT _____ WEIGHT _____ EYE COLOR: _____ HAIR COLOR _____

ATTACH A 2X2 RECENT PHOTO SHOWING HEAD AND SHOULDERS OF APPLICANT

NATURE OF BUSINESS: _____

GOODS & SERVICES TO BE SOLD FOR ORDERS TAKEN: _____

ADDRESS(ES) WHERE GOODS OR PROPERTY ARE PRODUCED ON DATE APPLICATION IS FILED:

PROPOSED METHOD OF DELIVERY: _____

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

RELATIONSHIP TO EMPLOYER (LETTER OF DESCRIPTION): _____

CREDENTIALS ESTABLISHING RELATIONSHIP (paycheck stub, employee identification, Letter on letterhead):

PROVIDE COPIES OF EMPLOYERS: 1.

CURRENT SALES TAX LICENSE FROM
STATE OF MICHIGAN
2. FEDERAL TAXPAYER ID NUMBER
3. STATE EMPLOYER ID NUMBER

LENGTH OF SOLICITATION: _____

ANY CONVICTIONS FOR CRIME/MISDEMEANOR/MUNICIPAL ORDINANCE? YES NO
IF YES, GIVE DETAILS. ALL APPLICANTS MUST SIGN ATTACHED SWORN AFFIDAVIT.

IF SOLICITING AS AN EMPLOYEE OF A COMPANY, PROVIDE THE NAME OF THE COMPANY'S
INSURANCE COMPANY AND POLICY NUMBER. _____

FOR AN INITIAL APPLICATION APPLICANT MUST SUBMIT TO THE MADISON HEIGHTS
POLICE DEPARTMENT: FINGERPRINTS \$10.00 charge, ICHAT Records Check \$15.00 Minimum fee

I ACKNOWLEDGE THAT I HAVE READ THE COMMERCIAL SOLITATION ORDINANCE OF THE
CITY OF MADISON HEIGHTS AND I UNDERSTAND THE CONDITIONS OF SOLICITATION
THEREIN.

APPLICANT'S NAME – PRINTED

APPLICANT'S SIGNATURE

OFFICE USE ONLY:

DEPARTMENTAL APPROVALS:

RECEIPT NO: _____

POLICE DEPT: _____

LICENSE ISSUED: _____

WAR VETERAN WAIVER: _____

FEE \$100.00 PAID: _____

RETURN APPLICATION AND PAY FEE AT CITY CLERK'S OFFICE

SWORN STATEMENT FOR COMMERCIAL SOLICITATION APPLICATION

I, _____, do solemnly swear that I have never been
(Applicant)
convicted of any crime (felony/misdemeanor/municipal ordinance violation) except:

(nature of offense): _____

(penalty): _____

Affiant
(PLEASE SIGN AND PRINT YOUR NAME)

Subscribed and sworn to before me
this ____ day of _____, _____.

Notary Public, _____

County, Michigan
My Commission expires: _____

I _____ am an Independent Contractor.
(applicant)

I acknowledge that I am personally liable for any claims or lawsuits that may be filed against me by the citizens of Madison Heights.