

13. Other license or approvals needed (if required): _____

14. Method of travel: _____
(personal vehicle, company owned vehicle, public, foot, etc.)

15. Vehicle(s) used for business operations: _____
(type of vehicle: car, truck, van, bicycle, etc.)

16. Plate number: _____ Vehicle make, model, color: _____

17. Name of insurer and amount of personal liability and property damage insurance carried for each vehicle used in business operation:

**** In addition, attach a current proof of insurance for all vehicles listed****

18. Personal references: list two personal references who will attest to applicants' good character and business reliability.

A. Name: _____ Phone: _____

Address: _____ Phone: _____

B. Name: _____ Phone: _____

Address: _____ Phone: _____

19. Have you ever been ticketed, arrested, or convicted of any crime, misdemeanor, or local ordinance violation?

Yes:

No:

If yes, please explain:

20. Date of Birth _____ City/State of Birth _____

21. List of Agent/Helpers with applications attached:

First Name	Last Name	First Name	Last Name

By signing this, you agree to a complete background check to be conducted by Livingston County Sheriff's Office.

I, the applicant, swear that all statements in this application are true to the best of my knowledge and I understand the provisions of the applicable Ordinance and will endeavor to adhere to these provisions. Any omissions or false statements will disqualify the applicant.

I understand this license can be revoked by the Township Board for violation of any Township Ordinance or undesirable business practices. Granting this license does not release any obligations to obtain other licenses required by any other law or governing body.

I understand that no peddler or solicitor shall call on any residents in the Charter Township of Genoa before 11:00 a.m. not after half-hour before sunset nor on Sundays, nor on legal holidays, except upon the specific request of the resident.

I understand that no sales shall be conducted within any Genoa Township Park or upon property owned or controlled by Genoa Township.

I understand and voluntarily authorize the Township to distribute as requested and/or publish on the Township website my company name, legal name, and picture to allow the public to identify Township approved peddlers/solicitors.

Signature of Witness:

Signature of Applicant:

Date:

For Clerk's Office Use Only

License Fee	Driver's License	Background Check	Proof of Insurance	Photo's	Fingerprints	Health Dept. Inspection	Cash Bond	Surety Bond

Rick Soucy, Township Clerk

Date Approved

License Expiration Date



Application for Peddlers/Solicitors/Transient Merchant License

1. Type of license desired (You must check one, please see list of definitions for determining the correct one):

Agent Helper

2. Applicant Name: _____

Applicant Address: _____

Street No. & Name

City

State

Zip Code

3. Applicant Phone Number: _____

4. Driver's License No.: _____ Email Address: _____

5. Last 5 Cities applicant has worked & dates

City, State	Dates Worked

6. Business Name Working For: _____

7. Dates/time frame for doing business in Genoa: _____

8. Sales orders taken with promise of delivery: Yes: No:

9. Method of delivery of goods/services: _____

10. Method of travel: _____
(personal vehicle, company owned vehicle, public, foot)

11. Vehicle(s) used for business operations: _____
(type of vehicle: car, truck, van, bicycle, etc.)

12. Plate number:
Vehicle make, model, color: _____

Name of insurer and amount of personal liability and property damage insurance carried for each vehicle used in business operation: ****In addition, attach a current proof of insurance for all vehicles listed****

13. Personal references: list two personal references who will attest to applicants' good character and business reliability.

A. Name: _____ Phone: _____

Address: _____ Phone: _____

B. Name: _____ Phone: _____

Address: _____ Phone: _____

14. Date of Birth _____ City/State of Birth _____

15. Have you ever been ticketed, arrested, or convicted of any crime, misdemeanor, or local ordinance violation? Yes: No:

If yes, please explain:

By signing this, you agree to a complete background check to be conducted by Livingston County Sheriff's Office.

I, the applicant, swear that all statements in this application are true to the best of my knowledge and I understand the provisions of the applicable Ordinance and will endeavor to adhere to these provisions. Any omissions or false statements will disqualify the applicant.

I understand this license can be revoked by the Township Board for violation of any Township Ordinance or undesirable business practices. Granting this license does not release any obligations to obtain other licenses required by any other law or governing body.

As a Helper/Agent within the Township is subject to all provisions of Ordinance NO. 070716-A. In addition to possible suspension and/or revocation of license, a person who violates the provisions of Ordinance 070716-A is subject to municipal civil infraction penalties set for in the Ordinance.

I understand and voluntarily authorize the Township to distribute as requested and/or publish on the Township website my company name, legal name, and picture to allow the public to identify Township approved peddlers/solicitors.

Signature of Applicant

Signature of Witness

Date

Date

For Clerk's Office Use Only

License Fee	Driver's License	Background Check	Proof of Insurance	Photo's	Fingerprints			

Rick Soucy, Township Clerk

Date Approved

License Expiration Date

Amount Paid