



## Transient Merchant, Peddler, & Solicitor License Application

Street Address: 114 North Kidd Street, Ionia, MI 48846

Mailing Address: P.O. Box 496, Ionia, MI 48846

Ph: (616) 527-4170 Website: [www.ci.ionia.mi.us](http://www.ci.ionia.mi.us)

**Date of Application:** \_\_\_\_\_

**Application Fee:** See Below

This application is needed for individuals wishing to obtain a license to be a solicitor, transient merchant, or peddler within the City of Ionia. Applications shall be submitted to the City Clerk. Application fees are set by City Council.

Length of Time for License:

\_\_\_ Two (2) Days - \$25

\_\_\_ One (1) Week - \$75

\_\_\_ Six (6) Months - \$200

### Applicant Information

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

Permanent Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Address (If different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Business/Firm/Corporation Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title/Occupation of the Person Applying: \_\_\_\_\_

### License Details

1. Previous places of business (names and addresses) within the last six (6) months:

2. Please provide a description of the article or articles to be sold or offered for sale:

3. Total Monetary Value of the Combined Goods for Sale: \_\_\_\_\_

4. Goods are to be Sold from (Check one):

- Stock in Possession                       By Sample  
 By Direct Sale                               Taking Order for Future Delivery

5. Proposed Method of Vending (On foot, handcart, vehicle, etc.): \_\_\_\_\_

6. If vehicle, please provide the following:

- Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_

7. Where are the goods to be sold presently located? \_\_\_\_\_

8. Has the applicant ever been convicted of a crime, misdemeanor, or violation of a municipal ordinance?     Yes                       No

If yes, state the nature of the offense and punishment including the location and date of offense:

**Requirements**

The State of Michigan regulates transient merchants in Act 51 of 1925 as seen in the Michigan Compiled Laws sections 445.371-378. In addition to state law, anyone who obtains a transient merchant or peddlers license must abide by all requirements outlined in Chapter 850 and 868 of the City of Ionia Code of Ordinances.

A City license must be obtained to be a transient merchant. Complete this form and give it to the City Clerk. No such license shall be issued or become effective until 48 hours, excluding Sundays and holidays, has elapsed from the time of application.

As outlined in Chapter 850 and 868, all applications must include the following attachments and documentation in order to be reviewed by City Staff:

- Application Fee
- A list of names and date of birth for all employees working in the City of Ionia
- Two (2) Non-Relative Business References
- Photocopy of State-Issued Picture Identification
- Authorization of applicant to act as a representative from the person, firm, business, or corporation for which the applicant is to act as such representative
- State Transient Merchant License
- Copy of Michigan Sales Tax License
- Statements from owner of private property (If necessary)
- \$600 Refundable Bond for every \$10,000 in Merchandise
- A photograph of the applicant taken within sixty days immediately prior to the date of filing the application, such photograph to be two inches by two inches, showing the head and shoulders of the applicant in a clear and identifiable manner

**Notarized Signature**

I, \_\_\_\_\_, being duly sworn, depose and say that the information contained in this application and the foregoing statement are true.

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

My Commission Expires: \_\_\_\_\_

**City Staff Recommendations**

**Public Safety Director**

Recommended:     Yes             No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Other City Staff (as needed)**

Recommended:     Yes             No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**OFFICE USE ONLY**

**Approved** or **Denied** (Circle One)

Comments: \_\_\_\_\_  
\_\_\_\_\_

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

License #: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_