



CITY OF FLAT ROCK CLERK'S OFFICE

25500 GIBRALTAR ROAD, FLAT ROCK, MI 48134
734-782-2455 - WWW.FLATROCKMI.ORG

OFFICE USE ONLY

BUSINESS ID

SOLICITORS/PEDDLERS LICENSE APPLICATION

BUSINESS INFORMATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE NO.: _____ BUSINESS FAX NO.: _____

BUSINESS WEBSITE: _____

BUSINESS OWNER'S NAME: _____

BUSINESS OWNER'S ADDRESS: _____

BUSINESS OWNER'S PHONE NO.: _____ EMAIL: _____

TYPE OF BUSINESS: _____

MERCHANDISE/GOODS TO BE SOLD: _____

INDIVIDUAL SOLICITOR/APPLICANT INFORMATION

(Copy of driver's license & a recent photograph is required)

NAME: _____ PHONE NO.: _____

ADDRESS: _____

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

VEHICLE TO BE USED – MAKE/MODEL/COLOR: _____ LICENSE PLATE NO.: _____

ANTICIPATED START DATE: _____ DAYS/TIMES OF OPERATION _____

LENGTH OF LICENSE: \$50 PER MONTH FOR _____ MONTH(S) \$200 PER CALENDAR YEAR, EXPIRING DEC. 31

IMPORTANT: HAS THE APPLICANT OR PERSON CONDUCTING OR MANAGING THE APPLICANT'S BUSINESS BEEN CONVICTED OF A CRIME, MISDEMEANOR OR THE VIOLATION OR ANY MUNICIPAL ORDINANCE? IF SO, EXPLAIN FULL PARTICULARS IN CONNECTION THEREWITH: NO YES – If yes, please explain.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

APPLICANT SIGNATURE **X** _____ DATE _____

BEFORE SUBMITTING THIS FORM TO THE CLERK'S OFFICE, APPLICANT MUST BE FINGER-PRINTED & APPROVED BY POLICE DEPT. ICE CREAM TRUCKS MUST HAVE INSPECTION BY POLICE DEPT. FOOD TRUCKS MUST HAVE INSPECTION BY POLICE & FIRE DEPT.

POLICE DEPARTMENT & FIRE DEPARTMENT

THE ABOVE APPLICANT, IN ACCORDANCE WITH CHAPTER 22, SECTION 112 & 142 OF THE FLAT ROCK CITY CODE, IS HEREBY:

APPROVED: DENIED: POLICE DEPARTMENT SIGNATURE: _____ DATE: _____

APPLICANT TO BE FINGER-PRINTED MUST PROVIDE A COPY OF THEIR DRIVER'S LICENSE & A RECENT PHOTO OF THEMSELVES TO BE ATTACHED TO THIS APPLICATION FORM.

FOOD TRUCKS – VEHICLE INSPECTION APPROVAL BY THE FIRE CHIEF: _____ DATE: _____