

APPLICATION FOR VENDORS LICENSE

Charter Township of Fenton
12060 Mantawauka Drive Fenton, Michigan 48430
Phone (810) 629-1537 Fax (810) 629-9736

Please Print in Black or Blue Ink

OWNER INFORMATION (if more than one owner, attach additional information)

Full Legal Name of Applicant: (last, first, middle)

Date of Birth:	Sex:	Race:
Permanent Home Address:		
City:	State:	Zip:
Local Address (if different than permant home address)		
City:	State	Zip:
Phone: ()	Drivers License #	

BUSINESS INFORMATION

Business Name:	
Business Mailing Address:	
Web Site Address:	E-Mail Address:
Contact Person:	Phone:
Emergency Contact Person:	Phone:
Year Business Established:	Number of Employees:

An application must be made for each agent or employee who will be engaging in active soliciting.

Description of Vending Activity:

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Requested Time Period for the License:	From:	To:
Requested Days of Operation:	Requested Hours of Operation:	

Please refer to Ordinance Section 8 - Hours of Operation

Vehicle Description:	Make:	Model:
License Plate Number:	Year:	Color:

Please list additional vehicles and descriptions including plate numbers on separate sheet of paper or on the back of this application

Have you or any person, agent or independent contractor who will be engaging in the proposed soliciting, been convicted of any crime, misdemeanor, or violation of any municipal ordinance? Yes No

If the answer is yes. Describe each offense, the jurisdiction and the penalty assessed:

REQUIRED ATTACHMENTS

Letter of Authorization from Employer

Recent Photograph

Copy of Driver's License

Application Fee

Proof of Valid Insurance for each Vehicle

Other: _____

SEALED Criminal History Record

CRIMINAL HISTORY RECORD PROCEDURE

To obtain a Criminal History Record:

Applicant must go to Michigan State Police Post #35 - G-3478 Corunna Road - Flint, Michigan

At 6:00 a.m. SHARP or 8:00 p.m. SHARP *****There are no other hours*****

Applicant must apply for their fingerprint card to be sent to:

Michigan State Police Criminal Record Division - Lansing

Applicant must mail (no walk-in appointments) fingerprint card and request for their Local & Federal conviction record to:

Michigan State Police Criminal Record Division

P.O. Box 30634

Lansing, MI 48913

With your request include a check or money order to MSP for \$30.00 Payable to the State of Michigan

The report will be sent back to the applicant. **IT MUST REMAIN SEALED** as it was received

from the Michigan State Police and submitted with this application to the Township **UNOPENED.**

OPEN ENVELOPES WILL NOT BE ACCEPTED

READ THE FOLLOWING CAREFULLY -- SIGN AND DATE THIS AUTHORIZATION AND APPLICATION

I authorize the Charter Township of Fenton to investigate my background in connection with my application for this Vendors License. I understand that this may include investigative inquiries related to my driving, criminal, civil and employment experiences. I hereby release and hold harmless all persons, agencies or companies furnishing such information from liability and responsibility. I certify that this Authorization and Application were completed by me and all information is true and complete to the best of my knowledge.

Applicant's Signature

Date

FENTON TOWNSHIP OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Approved

Signature: _____

Not Approved

Title: _____

Date: _____

Comments:

