

REGISTRATION APPLICATION TO CONDUCT DOOR-TO-DOOR SALES

□ NON-PROFIT ORGANIZATION

□ FOR-PROFIT ORGANIZATION

2100120	INFORMATION	
	INFORMATION	
Name of Business:		
Permanent Address (Include mailing address, if di		
Telephone Number:	Web Site Address:	
Michigan Sales Tax License Number:		
APPLICAN	INFORMATION	
Name of Applicant: (First, Middle, and Last Name	in Full) Position/Title:	
Permanent Street Address (Include mailing address, if different):		
City, State, Zip Code:		
Permanent Telephone Number:		
Local Street Address:		
City, State, Zip Code:		
Local Telephone Number:		
Date of Birth:		
Driver's License Number:	License Plate Number:	
Vehicle Information: Year Make	Model Color	
Has applicant ever been found responsible for the violation of a civil infraction or municipal civil infraction? Yes No		
Has applicant ever been convicted of a misdemeanor or felony? Yes No		
If "Yes", state date, nature of offense, and punishment:		

BUSINESS OPERATIONS		
Number of Sale/Canvass Representatives:	(List individuals with info on attached pages)	
Dates of Sale/Canvass:	Hours of Operation:	
The City of Petoskey permits Door-to-Door sales/ci	anvassing during the hours of 8:00 A.M. to 6:00 P.M. daily.	
Type of Wares to Be Sold:		
Goods Are To Be Sold From: Stock in Possessi	on Orders for Future Delivery:	
SIGNATURE		
I declare that the information provided herein information, and belief.	is true and accurate to the best of my knowledge,	
Date Applicant Sig	 nature	
Date Applicant Sig	nature	

DEPARTMENT OF PUBLIC SAFETY COMMENTS

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PLEASE LIST ALL ADDITIONAL SALES/CANVASS REPRESENTATIVES

APPLICANT INFORMATION		
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Permanent Telephone Number:		
Local Street Address:		
City, State, Zip Code:		
Local Telephone Number:		
Date of Birth:		
Driver's License Number: License Plate Number:		
Vehicle Information: Year Make Model Color		
Has applicant ever been found responsible for the violation of a civil infraction or municipal civil		

infraction? Yes No
Has applicant ever been convicted of a misdemeanor or felony? Yes No
If "Yes", state date, nature of offense, and punishment:

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Permanent Telephone Number:			
Local Street Address:			
City, State, Zip Code:			
Local Telephone Number:			
Date of Birth:			
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Vehicle Information: Year	Make	Model	Color
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Has applicant ever been convicted of	a misdemeanor of	or felony? Yes	No
If "Yes", state date, nature of offense,	and punishment:	:	

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Local Telephone Number:	
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Driver's License Number:	License Plate Number:
Vehicle Information: Year Make	Model Color
Has applicant ever been found responsible for the violation infraction? Yes No	of a civil infraction or municipal civil
Has applicant ever been convicted of a misdemeanor or fel	ony? Yes No
If "Yes", state date, nature of offense, and punishment:	

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Local Street Address:	
City, State, Zip Code:	
Local Telephone Number:	
Date of Birth:	
Driver's License Number: License Plate Number:	
Vehicle Information: Year Make Model Color	
Has applicant ever been found responsible for the violation of a civil infraction or municipal civil infraction? Yes No	
Has applicant ever been convicted of a misdemeanor or felony? Yes No	
If "Yes", state date, nature of offense, and punishment:	

APPLICANT INFORMATION		
Name of Applicant: (First, Middle, and Last Name)	Position/Title:	
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