



Charter Township of Bloomfield | Clerk's Office | 4200 Telegraph Road, Bloomfield Hills, MI 48302

248.433.7702 | Email: clerk@bloomfieldtwpmi.gov

## Solicitation License Application

Submit this completed form, a copy of your picture identification and an application fee of \$25.00 to the Clerk's Office for consideration. If approved, a fee of \$25.00 will be collected at the time of permit issuance. Permits expire after 60 days, but may be renewed three times within one year. Renewals require additional fees.

### Applicant Information:

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

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

Phone #: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_

Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Drive License # \_\_\_\_\_ State of Issue \_\_\_\_\_

Vehicle: Color \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Vehicle License # \_\_\_\_\_ State of Issue \_\_\_\_\_

Vehicle Owner:  Applicant  Other: \_\_\_\_\_

Will you be driving the vehicle?  Yes  No If no, name of driver: \_\_\_\_\_

Have you ever been convicted of a felony, misdemeanor or municipal infraction?  Yes  No

If Yes, list **ALL** charges (attach a separate sheet if needed)

\_\_\_\_\_

**Be sure that both pages of this TWO page application are fully completed before submitting to the Clerk's Office.**

#### For Office Use Only

Approval: \_\_\_\_\_ License Issued Date: \_\_\_\_\_ Solicitation Dates (60 days): \_\_\_\_\_

Approval: \_\_\_\_\_ License Renewal Date: \_\_\_\_\_ Solicitation Dates (60 days): \_\_\_\_\_

Approval: \_\_\_\_\_ License Renewal Date: \_\_\_\_\_ Solicitation Dates (60 days): \_\_\_\_\_

Approval: \_\_\_\_\_ License Renewal Date: \_\_\_\_\_ Solicitation Dates (60 days): \_\_\_\_\_



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## Solicitation License Application

### Employer/Business Information:

Employer/Business Name: \_\_\_\_\_

Business Address (Headquarters): \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Local Business Address (if different): \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Manager in Charge of Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Brief description of the nature of the business and the product to be sold: \_\_\_\_\_

\_\_\_\_\_

Where is the product manufactured or produced? \_\_\_\_\_

Where is the product stored? \_\_\_\_\_

What is the proposed method of delivery for the product? \_\_\_\_\_

<b>Hours of Solicitation:</b> (As permitted by Chapter 26 of the Bloomfield Township Code of Ordinances)	<b>11:00 AM until 7:00 PM</b>	During Daylight Saving Time
	<b>11:00 AM until 5:00 PM</b>	Standard Time (when Daylight Saving Time is not in effect)

Dates Requested for Solicitation _____ to _____	Hours Requested for Solicitation _____ to _____
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I hereby certify that the forgoing information is true and correct.

\_\_\_\_\_  
Signature of Applicant

By signing this application, you agree to allow Bloomfield Township to conduct a background check using the Internet Criminal History Access Tool (ICHAT).

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