

248.433.7702 Fax: 248.642.7610 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	r		
Drive License #	State of Issue				
Vehicle: Color	Year Mal	ke Model			
Vehicle License #	State of Issue				
Vehicle Owner:	Applicant Other:				
Will you be driving the vehi	icle? Yes No If no, nam	e of driver:			
Have you ever been convic	ted of a felony, misdemeanor or municipal	Infraction? Yes No			
If Yes, list ALL charges (att separate sheet if needed)					
Be sure that both pages of	this TWO page application are fully completeness.	eted before submitting to the Clerk's Office.			
Assessed					
Approval:			Solicitation Dates (60 days): Solicitation Dates (60 days):		
Approval:					
	License Penewal Date:	Solicitation Dates (60 days):			

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

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Employer/Business Information:

Employer/Business Name:				
Business Address (Headquarters):				
		Phone #:		
Local Business Address (if different):				
Manager in Charge of Applicant:			Phone #	
Widninger in Charge of Applicant.			Thore #.	
Brief description of the nature of the business and the pr	oduct to b	oe sold:		
Where is the product manufactured or produced?				
where is the product mandiactured or produced?				
Where is the product stored?				
What is the proposed method of delivery for the product	t?			
			1	
Hours of Solicitation:	11:00	AM until 7:00 PM	During Daylight Saving Time	
(As permitted by Chapter 26 of the	11:00 AM until 5:00 PM		Standard Time (when Daylight	
Bloomfield Township Code of Ordinances)			Saving Time is not in effect)	
Dates Requested for Solicitation		Hours Requested for Solicitation		
to			to	
I hereby certify that the forgoing information is true and	d 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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