

Solicitors Permit Application



Charter Township of Milford
1100 Atlantic Street
Milford, Michigan 48381

- **Submit application and \$50.00 fee, payable to Milford Township**
- **Milford Township and the Milford Police Department shall investigate all persons listed for valid information and criminal background check**
- **Milford Police Department will make a recommendation to Township Clerk for permit approval or denial within five (5) business days of their receipt of application**
- **If application is denied for any reason, a new application and fee must be submitted in order to reapply.**

Police Department Recommendation: _____

By: _____

Approval Date: _____

Permit # _____

Expiration Date: _____

Name/Phone of
Applicant: _____

Company/Organization/DBA: _____

Address: _____

Company
Website/Email: _____

Supervisor Name/Phone: _____

Description of Soliciting
Activity/Purpose: _____

Dates and Times of Solicitation: _____

Area/Location of Solicitation: _____

Has the parent organization ever been found to have violated a municipal ordinance regulating soliciting or peddling? _____ Yes _____ No. If yes, describe details of violation:

Names and phone numbers of all persons soliciting, **a recent photo** (within 60 days) of each person engaged in the peddling (including drivers) **and** a copy of their Photo ID: (Use back if necessary)

Name	Phone Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Vehicles to be used: (Use back if necessary)

- a) Owner: _____
- b) Year: _____
- c) Color/Make/Model: _____
- d) License plate state and number: _____

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By signing below, I agree to the terms and conditions of this application and have **received, read and will comply with** the regulations set forth in Ordinance 225, Peddlers and Solicitors Ordinance (as amended).

Applicant Signature: _____ Date: _____

By signing below, I (we) acknowledge and give the Charter Township of Milford permission to investigate information provided **and** perform a criminal background check as required by ordinance prior to approval of permit for solicitation within Milford Township. **Must be signed by each person engaged in peddling (including drivers).**

Signed: _____ Print Name: _____

Signed: _____ Print Name: _____

Signed: _____ Print Name: _____

Signed: _____ Print Name: _____

Signed: _____ Print Name: _____

Signed: _____ Print Name: _____

Signed: _____ Print Name: _____

Submit all information to: Milford Township, 1100 Atlantic Street, Milford, MI, 48381. Phone: 248 685-8731 Fax: 248 685-9236 Email: clerk@milfordtownship.com

For Office Use Only

	Check yes or no	Date
Form Completed	_____	_____
\$50.00 Fee, Cash, Check or Credit Card	_____	_____
Required Photos and IDs of all Participants	_____	_____
Copies of Distribution Material	_____	_____
Application given to MPD	_____	_____

Name: _____ Date: _____