

Application for Solicitors Permit

**Charter Township of Milford
1100 Atlantic Street
Milford, Michigan 48381**

- **Submit application and \$50.00 fee to Milford Township (Milford Township shall supply all application information to the Milford Police Department)**
- **48 hour notice must be given to the Township and Milford Police Department prior to commencing solicitation**
- **Permit is good for up to six months from date of issuance**

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: _____

Names of all persons soliciting including phone numbers and permanent and temporary addresses: (Use back if necessary)

_____	_____
_____	_____
_____	_____
_____	_____

Copies of Photo ID for all participating solicitors (attached)
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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- b) Year: _____
- c) Color/Make/Model: _____
- d) License plate state and number: _____

List all misdemeanor/felony convictions of each solicitor for the prior seven years and attach signed permission from each solicitor to perform a criminal background search.

Provide declarations by all participating solicitors who are registered sex offenders as required by local, state or federal laws.

By signing below I agree to the terms and conditions of this application and have read and agree to the regulations set forth in Ordinance 203, Peddlers and Solicitors Ordinance.

Signature: _____

Date: _____

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 or Check	_____	_____
Photo ID Copies	_____	_____
All Vehicle Information	_____	_____
Criminal Background Waiver (s)	_____	_____
Sex Offender Declaration (s)	_____	_____
Copies of Distribution Material	_____	_____
Application given to MPD	_____	_____

Approved by: _____ Date: _____

Date: _____

By signing below I acknowledge and give the Charter Township of Milford permission to perform a criminal background check as required by ordinance prior to conducting solicitation within the township.

I also acknowledge that I am or am not (circle one) a registered sex offender in Michigan or any other state.

Signed: _____

Print Name: _____