

**City of Mount Clemens**  
One Crocker Boulevard  
Mount Clemens, Michigan 48043  
(586) 469-6818

**Application for Door-To-Door Solicitation  
Ordinance # 20.300**

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

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

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Hours: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Is this Business Non-Profit? \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ (required unless the merchant qualifies for exemption).

Type of Soliciting:            \_\_\_\_\_ Commercial            \_\_\_\_\_ Residential

Method of Soliciting:        \_\_\_\_\_ Walking            \_\_\_\_\_ Driving

Vehicle Description:

| Year | Make | Model | Color | Plate No. |
|------|------|-------|-------|-----------|
|------|------|-------|-------|-----------|

Please describe the purpose for soliciting and the goods to be sold: *(are the goods to be sold from items in stock or possession, or from items by direct sale and taking orders)*

\_\_\_\_\_

\_\_\_\_\_

Dates that solicitation will take place: \_\_\_\_\_

Hours of solicitation\*: \_\_\_\_\_

*\*Soliciting before 10:00 a.m. or after 7:00 p.m. is not permitted.*

Has the applicant, any employee, agent, contractor or the person on whose behalf the applicant is requesting this license been convicted of a felony or misdemeanor or cited for the violation of a local ordinance, if so, please identify the person and his address and the nature of his offense.: \_\_\_\_\_

\_\_\_\_\_

The above information is, to the best of my knowledge, true, correct and complete. I understand that any omission, misrepresentation, false statement or misleading information will result in the immediate revocation of the license.

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

\_\_\_\_\_  
Date

I acknowledge that I received a copy of the City of Mount Clemens "No Soliciting" ordinance along with a list of residents who have requested no solicitation, and I will abide by their request.

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

\_\_\_\_\_  
Date