



**CITY OF AUBURN HILLS**  
**APPLICATION FOR VENDOR LICENSE**  
**(Peddlers/Solicitors/Frozen Confectioners)**  
 Please call the City Clerk's Office at 248-370-9402 with any questions

(City Code: Chapter 22, Article III)

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

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

City & State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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

Company Address: \_\_\_\_\_

Nature of Business/Merchandise to be sold: \_\_\_\_\_

ATTACH PHOTOGRAPH OF APPLICANT  
 APPROXIMATELY 2"X2" IN SIZE

Preparation of Food on vehicle?  Yes  No

Description of Vehicle: \_\_\_\_\_

State License Plate Number: \_\_\_\_\_

Vehicle ID Number: \_\_\_\_\_

*Note: The use of pushcarts & bicycles are prohibited*

Number of Employees: \_\_\_\_\_

Have you ever been convicted of any criminal activity/offenses?  
 Yes  No If yes, add a separate letter of explanation.

Items to be submitted with the completed application:

- \_\_\_\_\_ Fee (\$100 1<sup>st</sup> person, \$25.00 additional persons)
- \_\_\_\_\_ Copy of Driver's License
- \_\_\_\_\_ County Health Department Inspection
- \_\_\_\_\_ Insurance (Proof of \$500,000 liability insurance)
- \_\_\_\_\_ Photo of Applicant
- \_\_\_\_\_ Criminal Background Check

**All applicants must submit a criminal background check** valid within 30 days of application. Please visit [www.michigan.gov/ichat](http://www.michigan.gov/ichat) to perform a background check.

Signature of Applicant

Date

**Select one of the following if applicable:**

\_\_\_\_\_ **Artisan** All merchandise to be sold must be manufactured by the applicant personally.

\_\_\_\_\_ **Farmer** The products to be sold must be produced by the applicant and the applicant's regularly employed farm help.

\_\_\_\_\_ **War Veteran** All of the merchandise or services to be offered for sale by the applicant are his or her own, and that the license will be used by the applicant personally and by no other person.

\_\_\_\_\_ **Date of Discharge**

\_\_\_\_\_ **County Veteran's License Number**

\_\_\_\_\_ **Blind** Proof of blindness shall be certified by the County Health Department.

\_\_\_\_\_ **Dealer in merchandise being delivered through Interstate Commerce**  
The applicant shall affirm that all of the merchandise being sold in the City is to be delivered directly to the customer from stocks of merchandise located outside the State. The applicant shall also list the types of merchandise to be sold and the person by whom the orders will be filled.

**Explanation:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I swear/affirm that the above information is correct.

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

\_\_\_\_\_  
Date

ALL LICENSES EXPIRE ON DECEMBER 31ST