

Village of Fowlerville
213 South Grand Avenue
Fowlerville, MI 48836
517-223-3771 Fax 517-223-7435

Date: _____

Special Event Permit: \$50

Permit#: _____

MERCHANT'S LICENSE APPLICATION/PERMIT

Name: _____ Phone #: _____

Address: _____

Driver's License #: _____ State of Issue: _____ Vehicle Description: _____

Vehicle License #: _____ Insurance Provider: _____ Policy #: _____

Copy of valid Driver's License/Picture ID, proof of insurance & any other applicable licenses or permits are required.

NO OVERNIGHT PARKING

.....
Nature of Business: _____

Name and description of the nature of the business and goods to be sold: _____

Name and address of Employer: _____

_____ Phone #: _____ Proof of Employment: _____

Name of Supervisor: _____ Phone #: _____

Have you ever been convicted of a crime (please circle): YES NO

If YES, please circle: Felony Misdemeanor Local Municipal Ordinance

Number of Offenses: _____ Nature of Offense: _____

Punishment or Penalty: _____

Background check is required. Signature: _____ Date: _____

Village Official: _____ Date: _____ Fee paid: _____

Fowlerville Police Department recommendation: _____ Approve _____ Deny _____

Merchant Statement (Sec. 18-60)

1. (Contact information of Management/Supervisor)

2. (Proposed Location)

3. (Applicant History)

4. (Goods, Wares, Merchandise Information)

5. (Advertising)

6. Copy of Credentials

7. Additional Proof of Identity

8. Copies of Additional Licenses

Signature: _____

Date: _____