

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

Date: \_\_\_\_\_ Fee per Day: \$45 Month: \$70 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**

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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 #: \_\_\_\_\_

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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: \_\_\_\_\_

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Village Official: \_\_\_\_\_ Date: \_\_\_\_\_ Fee paid: \_\_\_\_\_

Fowlerville Police Department recommendation: \_\_\_\_\_ Approve \_\_\_\_\_ Deny \_\_\_\_\_

**Merchant Statement (Sec. 18-60)**

1. (Contact information of Management/Supervisor)

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2. (Proposed Location)

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3. (Applicant History)

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4. (Goods, Wares, Merchandise Information)

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5. (Advertising)

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6.  Copy of Credentials

7.  Additional Proof of Identity

8.  Copies of Additional Licenses

Signature: \_\_\_\_\_

Date: \_\_\_\_\_