



Inspections Department

Building Official

PEDDLERS & SOLICITERS 2017 Application City of Benton Harbor

Printed Name of Applicant: _____ Type of Picture ID _____
Required

Driver License Number: _____

State Issued: _____

Permanent Home Address: _____

City: _____ State: _____ Contact Phone Number: _____

Today's Date _____

Printed Name of Company Represented: _____ City: _____

State: _____ Telephone: _____

Fax or Email: _____

Date/s of use for requested license: _____

Length of time each day license is applicable: _____ Brief (printed) description of nature of business or organization

Location where goods or property are proposed to be sold: _____

Location of manufacture or production of goods or property: _____

Description of type of goods/products to be sold: _____

Vendor Type: Charitable /Veteran (provide proof) Commercial Stationary Moving

State above if applicant has been convicted of any crime, misdemeanor or violation of any municipal ordinance, the nature of the offense, and the punishment or penalty assessed.

I hereby certify that the above information is true and correct. I understand that any false statement will result in denial of the requested license and may impact ability to be licensed in the future.

Signature _____

REGULAR PEDDLERS & SOLICITORS SCHEDULE

<i>License Type</i>	<i>Charitable*</i>	<i>Commercial</i>
Application Fee	\$10	\$30
Daily License	\$ 0	\$30
Weekly License	\$ 0	\$150
Monthly License	NA	\$500

FOR OFFICE USE ONLY

Insurance form received _____ Health Dept. License _____Y _____N _____NA

Copy of ID _____ Tax Owed Verify ___ok

Information received and verified by _____ Date _____

Application Fee Paid \$ _____ ck# _____

License Fee Paid:\$ _____ ck# _____

Approval: _____

Public Safety Director

Building Official

REGULAR VENDOR FEE SCHEDULE

<i>License Type</i>	<i>Charitable*</i>	<i>Commercial</i>
Application Fee	\$10	\$30
Daily License	\$ 0	\$30
Weekly License	\$ 0	\$150
Monthly License	NA	\$500