

**PEDDLER'S PERMIT APPLICATION**  
**Birch Run Township**  
**8425 Main Street**  
**PO Box 152**  
**Birch Run, Michigan 48415**  
**Ph # (989) 624-9773 Fax # (989) 624-1177**  
**E-MAIL: clerk@birchruntwp.com**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

D.O.B \_\_\_\_\_ AGE \_\_\_\_\_

PERMANENT HOME ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_

PLACE OF RESIDENCE FOR THE PAST THREE YEARS:

\_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_

PHYSICAL DESCRIPTION OF APPLICANT: HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ DIST. MARKS \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

ADDRESS OF EMPLOYER \_\_\_\_\_

STATE LICENSE # \_\_\_\_\_

REASON WHY A STATE LICENSE IS NOT REQUIRED \_\_\_\_\_

\_\_\_\_\_

MANNER INTENDED TO TRAVEL, TRADE, AND/OR CONDUCT BUSINESS:

\_\_\_\_\_

\_\_\_\_\_

NON-PROFIT ORGANIZATION (provide non-profit documents)  
Fee is waived for Non-Profit Organizations, but application must be completed

STARTING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_  
ENDING DATE NOT TO EXCEED THIRTY (30) DAYS FROM STARTING DATE

I, \_\_\_\_\_, the undersigned hereby make application for a Peddler's License, under the provisions of the Birch Run Township Ordinance #06-03, and submit the above facts in support thereof.

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

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

\_\_\_\_\_ Two (2) Picture I.D.'S  
\_\_\_\_\_ Names and Addresses of Every Person soliciting (may use a separate page if needed)  
\_\_\_\_\_ Zoning Department Approval  
\_\_\_\_\_ Fee amount Paid: \$50.00

Check one:  
\_\_\_\_\_ Application approved      \_\_\_\_\_ Application denied

Date \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

\_\_\_\_\_  
Signature Zoning Administrator