

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