

PLAINFIELD CHARTER TOWNSHIP

Application for Licensing

SOLICITORS LICENSE

This application must be filed with:

Plainfield Charter Township - Clerks Office
6161 Belmont Avenue NE, Post Office Box 365
Belmont, MI 49306-0365
(616) 364-8466

Name of Applicant: _____

Local Address: _____

Local Phone: _____

Company Name: _____

Company Address: _____

Company Phone: _____

Relationship of Applicant to Company: _____

Description of Business and Goods to be sold: _____

Where are goods manufactured? _____

Where are goods located today? _____

How will goods be delivered? _____

Dates of Operation: Beginning: _____ Ending: _____

License issued for one (1), thirty-day (31) period, per year.

Certification

I hereby certify that I have read the regulations pertaining to Solicitors License; I understand these regulations; and I will operate my business in conformance with the regulations.

Signature

Date

Fee: \$30.00 per person

Date

Initials

Application and Fee received: _____

License issued: _____

License number: _____