



1000 WEST CEDAR AVENUE  
GLADWIN, MICHIGAN 48624  
TELEPHONE: (989) 426-9231  
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**CITY OF GLADWIN**  
**APPLICATION FOR LICENSE**  
Peddlers, Itinerant Merchants & Solicitors

Name of Applicant \_\_\_\_\_  
FIRST MIDDLE LAST

Address \_\_\_\_\_ Phone \_\_\_\_\_  
STREET CITY STATE ZIP

Driver's License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name & Local Address of Individual Having Management Authority or Supervision of the Applicant's Business during the Time It Is Proposed to be carried on in the City (If Different From Above)

Name & Address of Person or Corporation for Whose Purpose the Business Will Be Carried On

State of Incorporation \_\_\_\_\_

Time Period during Which Applicant Will Carry on Business *from* \_\_\_\_\_ *to* \_\_\_\_\_

Nature, Character & Quality of Goods or Services to Be Offered for Sale or Delivered

IF GOODS: Invoice Value \_\_\_\_\_  
Are Goods to Be: Sold by Sample  YES  NO Sold by Stock  YES  NO

Where & By Whom Were Such Goods Manufactured or Grown? \_\_\_\_\_

Where Are Such Goods at the Time of Application? \_\_\_\_\_

Nature of Advertising Proposed To Be Done for the Business \_\_\_\_\_

Has the Applicant or Any Other Individual Identified Above Been Convicted of Any Crime or

Misdemeanor? \_\_\_\_\_

*If Yes, Describe the Nature of Each Offense and the Penalty Assessed for Each Offense on the Back of This Form.*

Description of Applicant \_\_\_\_\_

Description of Vehicle Proposed to Be Used in the Business, Including its Registration Number, If Any