Instructions for Transient Merchant License

Incomplete applications will NOT be accepted

Submit the completed Transient Merchant License Application to the Pittsfield Charter Township Clerk’s Office with the following:

- $25.00 NON-REFUNDABLE Application Fee
  (Cash, check or money order payable to “Pittsfield Charter Township”)
  Or
- Valid County Veteran’s License¹
- Two 2” x2” passport size photos, (including head and shoulders) taken within the last 60 days.
- Health Department or Agriculture Permit (if peddling pre-packaged food)²
- Copy of Michigan Sales Tax certificate (If exempt, attach a copy of a Michigan Sales and Use Tax Certificate of Exemption, Form #3372)
- Copy of Michigan Driver’s License or Michigan State Identification Card
- Letter of Employment from Employer stating employee name, start date of employment and duties as transient merchant (if employed).

For the Sale of Christmas Trees only:

- Letter from the Building Department indicating the location has the appropriate zoning.
- Letter of permission from the property owner.

Submit completed documents to:
Pittsfield Charter Township Clerk’s Office
6201 W. Michigan Avenue Ann Arbor MI 48108

The Township Clerk’s Office will process the application by forwarding the application to Department of Public Safety for approval. Public Safety will conduct a criminal background check to determine if there are issues that would prevent applicant from obtaining a peddler’s license.

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¹ If applicant is an honorably discharged member of the armed forces of the United States who served at least 180 days of active duty in the armed forces or has a service connected disability as a result of that service AND is a resident of the State of Michigan, the applicant must provide a copy of a valid Veteran’s license to qualify for licensing fee waiver. MCL 35.441, et. seq.

² State of Michigan Food Law of 2000 exempts retail businesses that sell pre-packaged foods that are “not potentially hazardous”. Not potentially hazardous includes canned goods, dry goods, candy and other packaged items. If you sell milk, sandwiches, meat, eggs, frozen dinners, or other similar perishable food, you are required to obtain a license. See [http://www.michigan.gov/documents/MDA_FoodEstablishmentLicensing_41803_7.swf](http://www.michigan.gov/documents/MDA_FoodEstablishmentLicensing_41803_7.swf) for more information.
APPLICATION FOR TRANSIENT MERCHANT LICENSE

Date of Application: ____________________

Full Name: ____________________________________________________________________________

First Name     Middle     Last Name

Date of Birth: ____________________ Place of Birth: ________________________________

Sex: _______ Social Security Number: ________________________________

Height: _______ Weight: _______ Eye Color: _______ Hair Color: _______________________

Scars / Marks / Tattoos ________________________________________________________________

Address (Business): ___________________________________________________________________

Street Address

______________________________________________  City  State  Zip Code

Business Phone #: (____)___________________

Address (Residential): __________________________________________________________________

Residential Phone #: (____)_______________ Cellular Phone #: (___) __________________________

Operator’s License # or State I.D. #: __________________________ State: _______________________

Michigan Sales Tax License #
If exempt, attach a copy of a Michigan Sales and Use Tax Certificate of Exemption, Form #3372

Nature of business: _____________________________________________________________________

Description of goods or services to be sold: _______________________________________________

Where is product manufactured: ________________________________________________________

Where is product stored: _______________________________________________________________

How will delivery be made: ______________________________________________________________

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If employed, attach letter of employment

Employer Name: ________________________________________________________________

Employer Address: ________________________________________________________________

Street Address

____________________________________________________________________________________

City State Zip Code

Length of time that license is requested: _____ Days ________ Month

Vehicle: Color ________ Year ______ Make: ______________ Model: ______________

Vehicle License Plate #: _________________________ State of: __________________

Have you ever been convicted of a felony, misdemeanor or violation of a Municipal Ordinance?

Yes [ ] No [ ]

If “yes”, list ALL charges, newest to oldest (attach additional sheet(s) if necessary):

Date ________ Location _____________________ Offense ____________ Penalty _________________

Date ________ Location _____________________ Offense ____________ Penalty _________________

Date ________ Location _____________________ Offense ____________ Penalty _________________

Date ________ Location _____________________ Offense ____________ Penalty _________________

I hereby certify that the forgoing information is complete and true.

Signed: __________________________________  Date: ____________________

Signature of Applicant

__________________________________________

Printed Full Name

STATE OF MICHIGAN
COUNTY OF WASHTENAW

On this _____ day of ______________, 20___, before me personally came the above named applicant and made oath that he/she has read the foregoing application and knows the contents thereof, and that the same is true of his/her own knowledge.

_____________________________________
Notary Public, ______________________________ County, Michigan.

One this _____ day of ____________, 20___

Appeal Process –
Section 18-2 (h); Appeal. Any person aggrieved by the action of the township clerk in the denial of an application for license or revocation of a license under this Ordinance shall have the right of appeal to the township board. Such appeal shall be taken by filing with the township board within 14 days after notice of the action complained of has been mailed to such person's last known address, a written statement setting forth fully the grounds for the appeal. The township board shall set a time and place for a hearing on such appeal, and notice of such hearing shall be given to the appellant.

Notice of the hearing for revocation of a license shall be given in writing, setting forth specifically the grounds of complaint and the time and place of hearing. Such notice shall be mailed, postage prepaid, to the licensee at his last known address at least seven days prior to the date set for hearing.

Clerk’s Office Use Only
Application Fee: ___________ License #: _____________________________
License fee is $20.00/Week; $40.00/month; $100.00/year
License Fee Paid: $ _______________ Date: ______________________________