

Village of Fowlerville

213 S. Grand Avenue
Fowlerville, Michigan 48836
Phone (517) 223-3771 Fax (517) 223-7435
www.fowlerville.org



Date: _____ **Fee per: Day: \$45 Month: \$70** Permit # _____

MERCHANT'S LICENSE APPLICATION PERMIT

Name: _____ Phone: _____

Address: _____

Driver's License #: _____ State of Issue: _____

Vehicle Description: _____

Vehicle License #: _____ Insurance Provider: _____

Policy #: _____

Copy of valid Driver's License/Picture ID, proof of insurance & any other applicable license or permits are required.

NO OVERNIGHT PARKING

Nature of Business: _____

Nature and description of the nature of the business and goods to be sold: _____

Name and address of Employer: _____

Phone #: _____ Proof of Employment: _____

Name of Supervisor: _____ Phone #: _____

Have you ever been convicted of crime: Yes No

If Yes, Please Circle: Felony Misdemeanor Local Municipal Ordinance

Number of Offenses: _____ Nature of Offense: _____

Punishment or Penalty: _____

Background check is required. Signature: _____

FOR OFFICE USE ONLY

Village Official: _____ Date: _____

Fowlerville Police Department Recommendation: _____ Approved or Denied

Fee paid: _____ Date Fee Paid: _____

Merchant Statement (Sec. 18-60)

1. (Contact information of Management/Supervisor)

2. (Proposed Location)

3. (Applicant History)

4. (Goods, Wares, Merchandise Information)

5. (Advertising)

6. Copy of Credentials

7. Additional Proof of Identity

8. Copies of Additional Licenses

Signature: _____

Date: _____