



CHARTER TOWNSHIP OF BEDFORD

115 S. Uldriks Drive, Battle Creek, MI 49037

P: 269.968.6917 F: 269.965.0908

www.bedfordchartertwpmi.gov

APPLICATION FOR SOLICITORS PERMIT

APPLICANT INFORMATION

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ *Copy of driver's license must be provided

BUSINESS INFORMATION (information about your employer/organization for which you work)

Business name: _____

Address: _____

City: _____ State: _____ Zip: _____

Direct Supervisor: _____

Supervisors Title: _____ Phone Number: _____

DESCRIPTION OF PRODUCTS/SERVICES TO BE SOLD

Describe the products or services to be sold: _____

DATES AND TIME OF ACTIVITY

Effective dates and times: From: _____ To: _____

VEHICLE INFORMATION

Provide the following information about the vehicle(s) being used:

| <u>YEAR</u> | <u>MAKE/MODEL</u> | <u>COLOR</u> | <u>LICENSE PLATE #</u> | <u>STATE</u> |
|-------------|-------------------|--------------|------------------------|--------------|
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By filing this application, I acknowledge I have read the above conditions and I authorize Bedford Charter Township to conduct a background check on myself as well as the association, company or corporation that is furnishing goods to be sold under the license requested in this application. In addition, by signing this application I affirm that the information provided is accurate and that, if a license is granted, I will abide by all applicable ordinances, statutes, regulations and laws.

Signature _____ Date _____