



**Application for Vendor / Peddler / Solicitor Permit
West Branch Township, Ogemaw County Michigan**

I (we) hereby certify and agree that all activity for which this application is made will conform to the data and information submitted with this application and all ordinances affecting West Branch Township, Ogemaw County, Michigan. It is further agreed that any deviations from the data submitted shall constitute a violation of West Branch Township Ordinance #41 and invalidate the permit request. I (we) hereby authorize the Township Zoning Administrator or his/her designee to perform a site visit at the above referenced property.

Date: _____

Permit #: _____

ApplicantsName: _____

Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Description of Activity or Business: _____

Location of Activity or Business:

Property ID#: _____

Zoning District: _____

Start Date of Activity: _____ End Date of Activity: _____

Hours of Operation: _____

Number of Individuals or Employees involved with the Activity: _____

Year, Make, Model, Color & License # of any vehicles being used for the activity described above:

Have you ever been convicted of a felony, misdemeanor, or violation of any municipal ordinance? If yes, explain below:

Include a copy of the following required documentation:

- Valid State Driver's License, Identification Card, or other acceptable photo I.D.
- Written permission from the property owner for the activity described above.
- Any permits required by the Ogemaw County Health Dept. or the Michigan Dept. of Agriculture.
- Michigan Consumers Firework Certificate.
- A valid copy of a Michigan Veterans Peddlers License.
- Any other documentation required by State or Federal law for the activity described above.
- Site plan showing the location and size of buildings, structures, signs, roads, driveways, and parking areas.

**** \$20.00 PER DAY OF ACTIVITY FEE DUE WITH APPLICATION AT FILING****

Signature of Applicant

FOR OFFICE USE ONLY BELOW

Date Application received by Zoning Administrator: _____

Payment Type (Circle one): Cash Check

Amount: _____ Receipt #: _____

Date application approved: _____

Date application denied: _____

Reason for Denial:

Signed by: _____ Date: _____