

**CHARTER TOWNSHIP OF WHITE LAKE**  
**SOLICITATION**  
**APPLICATION FOR LICENSE**

Application Received: _____	For Office Use Only	Dates of Validation: _____
Fee Paid (per applicant): _____		License Issued: _____
License # _____		Police Department Investigation: _____

NAME (Person(s) and/or Organization (PLEASE COMPLETE ONE APPLICATION FOR EACH INDIVIDUAL))

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PLEASE CHECK ONE OF THE FOLLOWING TO APPLY AS:

INDIVIDUAL PERSON

Name	Residence Address	City, State, and Zip Code	Phone Number
Business Name	Business Address	City, State, and Zip Code	Business Phone Number

PARTNERSHIP

Please list the following information for ALL Partners. Please use other side for additional names.

Name	Principal Business Address	City, State, and Zip Code	Phone Number
1.			
2.			

\_\_\_\_\_

CORPORATION       ORGANIZATION  
 Organized under the Laws of the State of Michigan  
 Foreign Corporation  
 If a Foreign Corporation, provide the place of incorporation \_\_\_\_\_

Registered Agent	Address	Phone Number
Person in Charge of Michigan Location	Address	Phone Number
Business Address (if different from above)		

List ALL Officers and Directors or Trustees of said Corporation. Please use other side for additional names.

Name	Address	City, State, and Zip Code	Phone Number
1.			
2.			
3.			

If the association is part of a multi-state organization or association, the mailing address and business location of its central office shall be given, in addition to the mailing address and business location of its local office.

Mailing Address of Central Office	City, State, and Zip Code	Phone Number
Business Address and Location of Local Office	City, State, and Zip Code	Phone Number

List a brief description of the goods or services to be sold, or for which orders are to be solicited.

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List the names of all individuals in direct charge of the solicitation. List any additional names on the back of this sheet.

	Name	Address	City, State, and Zip Code	Phone Number
1.				
2.				
3.				
4.				
5.				

List a daily schedule of the location, dates, and times where the solicitation of funds is to occur, giving the time of the beginning of solicitation and its conclusion.

Location	Date	Time
Location	Date	Time
Location	Date	Time

\_\_\_\_\_

If the individual or organization is registered as a non-profit corporation, or is a tax-exempt organization under the IRS regulations, the applicant shall provide a written statement of authorization from the charitable, tax-exempt, or non-profit corporation or association for whose benefit the solicitation is intended

The license application must be signed by the applicant, if the person applying is an individual; if the person applying is a partnership, corporation or association, by the individual authorized to transact business on behalf of the partnership, corporation or association. The individual signing the license application shall sign the application and swear before a person authorized to administer oaths that he or she has: 1) carefully read the application and that all the information contained therein is true and correct; and 2) carefully read the Township's Solicitation Ordinance and agrees to abide by it.

\_\_\_\_\_  
Signature of Applicant  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public for the County of Oakland, Michigan, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public  
Oakland County, Michigan  
My Commission Expires: \_\_\_\_\_

Name (last, first, middle) \_\_\_\_\_

Home Address (street, city, state, zip) \_\_\_\_\_

DOB (mm/dd/yyyy) \_\_\_\_\_

Home Phone # \_\_\_\_\_

Drivers License # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Work # \_\_\_\_\_

Vehicle Description \_\_\_\_\_

Year \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

License # \_\_\_\_\_

State \_\_\_\_\_

Weight \_\_\_\_\_

Sex \_\_\_\_\_

Hair Color \_\_\_\_\_

Name of the Company you represent. \_\_\_\_\_

General description of the product you are selling. \_\_\_\_\_

Name of your supervisor and their phone # \_\_\_\_\_

Have you ever gone by any other name? No  Yes

If yes please list any additional names on the back. \_\_\_\_\_

***I authorize the Charter Township of White Lake and its agents to conduct a criminal background check for the purposes of this application. Authorization of a Solicitor's Permit is not guaranteed and subject to final approval by the Clerk's Office.***

Your Signature \_\_\_\_\_

Date \_\_\_\_\_

Do not sign below this line

Attach copy of ID below

Notes:

ICHAT \_\_\_\_\_

LEIN \_\_\_\_\_

PD Clerk \_\_\_\_\_

Police Chief  Approved  Denied

Clerk's Office  Approved  Denied

Date: \_\_\_\_\_ By: \_\_\_\_\_

