

CHARTER TOWNSHIP OF WHITE LAKE
SOLICITATION
APPLICATION FOR LICENSE

For Office Use Only	
Application Received: _____	Dates of Validation: _____
Fee Paid (\$10 per applicant): _____	License Issued: _____
\$50 Application Fee: _____	Police Department Investigation: _____
License # _____	

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

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.

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 (first, middle, last)

Home Address (street, city, state, zip)



DOB (mm/dd/yyyy)

Home Phone #

Drivers License #

Cell Phone #

Height

Weight

Sex

Hair Color

Work #

Vehicle Discription

Year

Make

Model

Color

License #

State

Name of the Company you represent.

General discription 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 Jownship 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

PD Clerk

Clerk's Office

Approved

Denied

Date

By