

CITY OF RIVERVIEW

“SOLICITORS” LICENSE”

A ‘SOLICITOR’ IS DEFINED AS AN INDIVIDUAL TRAVELING BY FOOT, AUTOMOBILE OR ANY OTHER MODE OF TRANSPORTATION, FROM HOUSE TO HOUSE, PLACE TO PLACE OR STREET TO STREET, TAKING OR ATTEMPTING TO TAKE ORDERS FOR MERCHANDISE, GOODS OR PERSONAL PROPERTY FOR FUTURE DELIVERY. THEY DO NOT CARRY GOODS WITH THEM.

No individual may solicit within the city boundaries without a solicitor’s license from the City Clerk’s Office.

<u>FEES:</u>	License -	\$35.00
	ID Badge -	\$ 1.00
	Fingerprinting -	\$15.00 Non-refundable

REQUIREMENTS:

- A) Applicant must supply 3-2”x 2” photos taken within 60 days of the application for the license, for an I.D. badge before approved license can be issued. The I.D. badge must be worn at all times while soliciting within the City.
- B) Applications provided by the City Clerk’s Office must be filled out completely. Applicant must contact the Detective Bureau at 734-281-4215 for an appointment for fingerprinting and background investigation before a license can be issued. **The \$15.00 Non-Refundable fingerprinting/background investigation fee is due at the time of the application.**
- C) Applicant must present a driver’s license or valid picture ID.
- D) Applicant must have a permanent home address and a full local address.
- E) Applicant must give a brief description of the nature of the business and the goods to be sold.
- F) Applicant must have a starting and ending date that he/she will be soliciting within the City.
- G) The place where the product or merchandise is manufactured and the proposed method of delivery.

RESTRICTIONS:

- 1) Do not approach any residence that has a ‘No Solicitors Invited’ sign posted.
- 2) Do not enter any resident’s home or backyard without a verbal invitation. If any resident asks you to leave his property, whether invited or not, you must do so immediately and peacefully.
- 3) A Solicitor’s license cannot be used by anyone other than the original applicant and must be shown to any citizen of Riverview or any police officer upon request.
- 4) The hours in which you may solicit in the City of Riverview are limited to “Not prior to 9:00 a.m. and not after 7:00 p.m.”

LICENSE # _____

EXPIRATION _____

**CITY OF RIVERVIEW
SPECIAL LICENSE APPLICATION**

14100 Civic Park Drive, Riverview, MI 48193 734-281-4240

Peddler License _____

(door-to-door sales/ice cream vendors)

Transient Merchant License _____

(selling on street corners or parking lots)

Solicitor License _____

(taking orders only/flyers door-to-door)

Person: As used in the application, shall mean each and every individual, whether operating in an individual capacity or on behalf of an entity or organization, who engages in sales transactions with the public as Peddler, Solicitor or Transient Merchant. Each Person involved in this business must complete a separate application.

LICENSES ARE NON-TRANSFERABLE

Name: (print clearly) _____

Street Address _____ City _____ State _____ Zip _____ Phone # _____

Date of birth _____ Age _____ Height _____ Weight _____ Sex _____

Driver's license number _____ Make and Model of Vehicle _____

Describe Business: _____ Goods sold or orders being taken for:
_____ Magazines/Catalogs _____ Candy/Cookies
_____ Flowers _____ Other

Dates you are requesting to do business in the City: _____

Address of sales sight: (Transient Merchants) _____

Employer: _____
Company _____ Address _____ Phone _____

Sales Tax License # _____ Federal Tax ID # _____

Have you ever been convicted of a crime, misdemeanor or violation of any city ordinance? Yes _____ No _____
If yes, the Charge: _____ Court: _____ Judge: _____

Personal References: Must be Riverview Property Owner or Resident
Name(s) _____ Street Address, City, State & Zip _____ Phone # _____

Date of Application _____

License Fee \$ _____
Investigation Fee \$ _____
Fingerprinting \$ _____
I.D. Card \$ _____
Bond \$ _____
Total \$ _____

Signature of Applicant

Print Name and Title

POLICE DEPARTMENT INVESTIGATION

License For: _____ (Peddler, Solicitor, Taxicab, etc.)

First Name Middle Initial Last Name Home Phone

Address City State Zip Cell or Work Phone

Company Name Address City State Zip Company Phone

POLICE CHECK:

Criminal Background ___ Approved ___ Disapproved

Driver's Record ___ Approved ___ Disapproved

Explanation, if necessary:

Investigating Officer's Signature

Recommendation: (denied, approved, etc.) Date

TO WHOM IT MAY CONERN:

This is to acknowledge that I have waived my rights to privacy and give permission to the City of Riverview to investigate my past, including inquiries as to criminal history records and driving record checks for the purpose of determining my fitness as a _____ (type of license) in the City of Riverview.

Applicant's Signature Date Witness