

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 WARES, MERCHANDISE OR PERSONAL PROPERTY FOR FUTURE DELIVERY OR FOR SERVICES TO BE FURNISHED OR PERFORMED IN THE FUTURE. SOLICITORS DO NOT CARRY GOODS. (Section 14-481)

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

FEES:	License	\$35.00 per year	
	Fingerprinting	\$64.25 per person;	\$49.25 State of Michigan; \$15.00 Riverview Police Dept.
	ID Cards (3 required)	\$2.00 each	

REQUIREMENTS:

1. Applications provided by the City Clerk's Office must be filled out completely.
2. Applicant must present a driver's license or valid picture ID.
3. Applicant must give a brief description of the merchandise or goods to be sold.
4. Applicant must list a starting and ending date that he/she will be soliciting within the City.
5. The place where the product or merchandise is manufactured, stored at time of application, and the proposed method of delivery.
6. Applicant must supply 3 small recent photographs.
7. I.D. card must be carried on the person at all times while soliciting within the City.

RESTRICTIONS:

1. Do not approach any residence that has signage indicating that solicitors are not invited.
2. Do not enter any resident's home or backyard without a verbal permission. If any resident asks you to leave their property, whether invited or not, you must do so immediately and peacefully.
3. A Solicitor's license is not transferable and must be shown to any police officer upon request.
4. The hours in which you may solicit in the City of Riverview are limited to prior to sunrise and after 9:00 p.m.

License Number: _____

Expires On: _____

CITY OF RIVERVIEW SPECIAL LICENSE APPLICATION

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

Peddler License _____

(Door-to-door sales-books, vacuums,
home improvements/ice cream vendor)

Transient Merchant License _____

(Selling on street corners, parking lots, or
structure)

Solicitor License _____

Flyers door-to-door/taking orders
only. Carries NO goods.

Applicant 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

Full Name: _____ Sex _____ Date of Birth _____ Age _____

Street Address _____ City _____ State _____ Zip _____ Phone _____

Citizen: Yes ___ No ___ Nationality _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Driver's license number _____ Vehicle Make/Model/Year _____ License Plate _____

Description of the nature of the business and or the goods to be sold:

Dates you are requesting to do business in City: _____

Address of sales site: _____

Employer: _____
Company Name _____ Address _____ Phone _____

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

Personal References:
Name(s) _____ Street Address _____ City, State, & Zip _____ Phone _____

License Fee \$ _____ Applicant Signature _____
Fingerprinting \$ _____
I.D. Card \$ _____
Total \$ _____ Date of Application _____

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

Fingerprinting ___ Approved ___ Disapproved

Explanation, if necessary: _____

Recommendation: (denied, approved, etc.) Date

Investigating Officer's Signature

TO WHOM IT MAY CONCERN:

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