



**West Bloomfield Township**  
**Clerk's Office**  
 4550 Walnut Lake Road  
 West Bloomfield, MI 48323  
 (248) 451-4848 Phone  
 (248) 682-3788 Facsimile  
[www.wbtownship.org](http://www.wbtownship.org)

## Application for Solicitation License

**License Application Fee: \$35.00 per person**

**Note:** This application is pursuant to the Peddlers and Solicitors Ordinance, Section 17-1 through 17-37.

**INFORMATIONAL:**

*A fee of \$35.00 per solicitor (not to exceed 90 days per year) must be paid to the Charter Township of West Bloomfield, 4550 Walnut Lake Road, Box 250130, West Bloomfield, MI 48325-0130.*

*No Solicitor shall enter any residence in the Charter Township of West Bloomfield except under invitation by an adult resident thereof.*

*Any person engaging in commercial or non-commercial soliciting, peddling, canvassing, or handbill distribution shall visibly display on their person an identification card which includes the name and photo of the person, and the name and address of the organization they are soliciting on behalf of.*

*No Solicitor, while in the course of conducting his business, shall threaten, annoy or engage in any conduct which would tend to create a nuisance to any resident or residents in the Charter Township of West Bloomfield. Upon conviction of any violation of this Ordinance, the responsible party or parties shall be subject to a maximum fine of \$500.00 and/or up to ninety (90) days imprisonment in the Oakland County Jail, at the discretion of the court of jurisdiction. Authority derived from State of Michigan, Act 246, Public Acts of 1948, as amended.*

*No Solicitor shall call any residence within the Charter Township of West Bloomfield on any day prior to 9:00 a.m., nor after 9:00 p.m., except upon prior specific request of the resident.*

In addition to the application fee, please include the following with completed application:

- Copy of applicant's driver's license
- One (1) front face current portrait photograph of the applicant(s), taken at the Township Clerk's Office
- **\$2,000.00 Cash Bond** (which will be returned to solicitor after license expires)
- Employer's Proof of Federal Tax Identification number: ID#: \_\_\_\_\_
- Employer's Proof of a Michigan Sales Tax License:  
 License# \_\_\_\_\_ Issued to: \_\_\_\_\_

Name of Applicant/Licensee: \_\_\_\_\_

Home Address (Permanent): \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

If applicable:

Local Address (Temporary): \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  Male  Female

Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Have you ever been convicted of any crime, misdemeanor, or Township Ordinance violation?  Yes  No

If yes, please explain: \_\_\_\_\_

**Personal References:** Please provide the names, addresses, and phone numbers of two (2) Oakland County property owners who will attest to applicant's good character and business reliability OR other available evidence as to the good character and business responsibility of the applicant as will enable an investigator to properly evaluate such character and business responsibility:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address/City/ST/Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address/City/ST/Zip: \_\_\_\_\_

**Nature of Business:**

Types of Goods/Services to be Sold or "Activity" undertaken: \_\_\_\_\_

Method of Travel: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ to \_\_\_\_\_

Dates to conduct business (not to exceed 90 days): From: \_\_\_\_\_ to: \_\_\_\_\_

Are orders taken with the promise of delivery?  Yes  No

Method of delivery: \_\_\_\_\_

**Employer: Manufacturer/Production of Goods:**

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Verification of employment (Credentials): \_\_\_\_\_

Place of manufacture: \_\_\_\_\_

Place of storage of goods: \_\_\_\_\_

Place of vehicle storage (if any): \_\_\_\_\_

Size of vehicle (if any): \_\_\_\_\_

Vehicle use: Make: \_\_\_\_\_ Year: \_\_\_\_\_ License No: \_\_\_\_\_

Name of Insurer and type of insurance carried on vehicle: \_\_\_\_\_

***I, the aforementioned applicant, swear that all statements in this application are true to the best of my knowledge and that I understand the provisions of the applicable ordinance and will endeavor to adhere to these provisions.***

***I understand that this license can be revoked by the Township Clerk for violation of terms of Ordinance, violation of any other Township Ordinance, or undesirable business practices. Granting of this license does not release any obligations to obtain other licenses required by other law or governing body.***

Signature of applicant

Date

Print name of applicant

Date

**For Office Use Only:**

Photo attached  Cash Bond Posted  Fee Collected  Copy of Driver's license attached

Police Department Approval:  Yes  No Reviewed by: \_\_\_\_\_

**Township Approval:** \_\_\_\_\_

**Debbie Binder, West Bloomfield Township Clerk**



**West Bloomfield Township**

**Clerk's Office**

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**Solicitor Acknowledgement  
Receipt of No Soliciting List**

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By signing this form, you acknowledge receipt of West Bloomfield Township's **No Soliciting List**. West Bloomfield Township's **No Soliciting List** provides addresses of residents who have notified the Township that they do not wish to receive solicitors at their residence. You agree to not solicit at these addresses or any address that displays a "No Soliciting" or similar notice.

I acknowledge that I have received a copy of West Bloomfield Township's **No Soliciting List** and agree to not solicit those addresses.

Solicitor/Vendor/Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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