



TEMPORARY SEASONAL SALES PERMIT APPLICATION

Date: _____

Applicant's Name: _____

Date of Birth: _____ Driver's License Number: _____ State Issued: _____

Applicant's Home Address: _____

Assumed or Firm Names: _____

Applicant's Business Address: _____

Work Phone: _____ Cell Phone: _____ Email: _____

State Sales Tax License Number: _____ Business Lic. #: _____

Business Location: _____ **Center Line, MI 48015**

Seasonal Sales Location: _____
(Where will merchandise be located)

Merchandise to be sold: _____

Days/Hours of Operation: _____

Has applicant or persons named above ever been charged or convicted of any non-traffic misdemeanor or felony criminal offense? Yes _____ No _____

If yes, state particulars: _____

I hereby certify that the above answers are correct and true, and that this permit, if approved, will allow me to conduct an open-air display of seasonal merchandise and is good for a period of fourteen (14) days from the date of approval. All city ordinances, building, fire, and zoning codes shall be complied with, and no merchandise shall be place on any parking surface or obstruct any public sidewalks, or in any driveway or driveway approach.

Applicant's Signature

Date

Office Use Only:

Building Official Signature

Date

Fee Paid (Amount)

Receipt #

Received by

Account #101-000-451.370