## SCIO TOWNSHIP PERMIT APPLICATION 'B' <u>EXEMPT</u>\* INDIVIDUALS & ORGANIZATIONS PEDDLERS AND SOLICITORS

APPLICANT'S NAME (Please pr	int)			
Email address:				
ADDRESS: Residence:		Phone:		
Business Name: NATURE OF BUSINESS, ACTIV		) BE SOLD:		
<u>EMPLOYER</u> : Address:	City:	State:	Zip	
Phone:		~		
For what length of time does the a	pplicant desire a permit?	From:To	:	
Please indicate the hrs. and days o	f solicitation:			
M-T-W-Th-F-Sa-S From:	a.m./p.m to:	a.m./p.m.		
Describe the vehicle or vehicles to	be used:			
License number:	_	State:		
Make:	_	Model:		
Year:	_ Pr	Proof of Auto Insurance:		
LIST THE PERSONS INVOLVE	D IN THE ACTIVITY (Ple	ase attach separate sheet	,	
<ul> <li>Attach letter from employer wl</li> <li>Attach a copy of photo I.D.'s or</li> <li>If the applicant is handling or s</li> </ul>	r a copy of each person's dr	iver's license.		
permit issued by the Washtenaw (	County Health Department.			
<ul> <li>Attach evidence of public liabil</li> <li>A comprehensive criminal histo of each application.</li> </ul>		nent agency within 30 day	ys preceding the filing	
<u>NOTE</u> : The above information is Peddlers and Solicitors section 12-		plying with the Scio Tow	nship Codification for	
Signature	Title	D:	ate	

\*Exempt individuals and organizations are: farmers; non-profit civic and religious organizations; veterans' organizations. No application fee.

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