CHARTER TOWNSHIP OF SPRINGFIELD

COMMERCIAL SOLICITATION

APPLICATION FOR LICENSE

For Office Use Only

Application Received: _____ Dates of Validation: _____

Fee Paid ($100 per applicant): _____ Sheriff Department Investigation: _____

License Issued: _____ License # _____

NAME (Person(s) and/or Organization (PLEASE COMPLETE ONE APPLICATION FOR EACH INDIVIDUAL)

PLEASE CHECK ONE OF THE FOLLOWING TO APPLY AS:

☐ INDIVIDUAL PERSON

Name	Residence Address	City, State, and Zip Code	Phone Number
Business Name	Business Address	City, State, and Zip Code	Business Phone Number

☐ PARTNERSHIP

Please list the following information for ALL Partners. Please use other side for additional names.

Name	Principal Business Address	City, State, and Zip Code	Phone Number
1.			
2.			
3.			
4.			
5.			

☐ CORPORATION

☐ Organized under the Laws of the State of Michigan

☐ Foreign Corporation
If a Foreign Corporation, provide the place of incorporation _____

Registered Agent	Address	Phone Number
Person in Charge of Michigan Location	Address	Phone Number
Business Address (if different from above)		

List ALL Officers and Directors or Trustees of said Corporation. Please use other side for additional names.

Name	Address	City, State, and Zip Code	Phone Number
1.			
2.			
3.			
4.			
5.			

☐ ASSOCIATION

Association's Principal Business Address	City, State, and Zip Code	Phone Number

Show all names and principal business and/or residence addresses, and phone numbers of all members of the association unless they exceed ten in number. In the event you exceed ten members, state the number of members and list the names and principal business or residence addresses and telephone numbers of the officers and directors or trustees of the association.

Name	Principal Business Address	Residential Address	City, State, and Zip Code	Phone Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

If the association is part of a multi-state organization or association, the mailing address and business location of its central office shall be given, in addition to the mailing address and business location of its local office.

Mailing Address of Central Office	City, State, and Zip Code	Phone Number
Business Address and Location of Local Office	City, State, and Zip Code	Phone Number

List a brief description of the goods or services to be sold, or for which orders are to be solicited.

_____

_____

_____

List the names of all individuals in direct charge of the solicitation. List any additional names on the back of this sheet.

Name	Address	City, State, and Zip Code	Phone Number
1.			
2.			
3.			
4.			
5.			

List a daily schedule of the location, dates, and times where the solicitation of funds is to occur, giving the time of the beginning of solicitation and its conclusion.

Location Date Time

Location Date Time

Location Date Time

Location Date Time

Provide your name, address, phone number and a physical description. Two current photographs, and a completed fingerprint card must accompany this application for it to be considered.

Name Address Phone Number Driver License #

Sex (M/F) Height Weight Hair Color Eye Color Vehicle Make/Model/Year/Color/License Plate #

List a description of the methods and means by which the solicitation of funds is to be accomplished.

The license application must be signed by the applicant, if the person applying is an individual; if the person applying is a partnership, corporation or association, by the individual authorized to transact business on behalf of the partnership, corporation or association. The individual signing the license application shall sign the application and swear before a person authorized to administer oaths that he or she has: 1) carefully read the application and that all the information contained therein is true and correct; and 2) carefully read the Township's Solicitation Ordinance and agrees to abide by it.

Signature of Applicant
Print Name: _____
Title: _____

Subscribed and sworn to before me, a Notary Public for the County of Oakland, Michigan, this ___ day of _____, 20__.

Notary Public
Oakland County, Michigan
My Commission Expires: _____