

**Solicitation and Peddler
Application for Permit**

Village of Cassopolis

Applicant
Name: _____

Business Name: _____

Street address: _____

City, state, zip: _____

Home phone: () _____ Work phone () _____

Number of persons soliciting or peddling _____

Are you exempt from federal taxation as a nonpartisan nonprofit organization? _____

Current sales tax license number, if applicable _____

Do you have a license from the State of Michigan to do solicitation or peddling? _____
If so, please attach a copy of that license.

Have you previously applied for or received a permit from the Village of Cassopolis? _____

If so, in what year(s) did you apply or receive a permit? _____

Goods or merchandise to be sold: _____

Date(s)/time(s) of sales: _____

Location of solicitation or peddling: _____

Please list the names of at least three (3) municipal governmental organizations that have issued you
soliciting or peddling permits.

PLEASE NOTE:

1. Copy of valid County Health Department Certificate required for food or beverage sales.
2. If applicable, please provide a written description and a photo or drawing of any wagon
automotive vehicle or any other conveyance used to transport goods, wares or any items for the
purposes of sale.

Date

Signature of Applicant