

PLEASE ATTACH:

- A LETTER FROM YOUR EMPLOYER STATING YOUR RELATIONSHIP WITH THE COMPANY OR ORGANIZATION.
- DRIVER LICENSE, REGISTRATION, AND PROOF OF INSURANCE FOR ANY VEHICLE USED TO CONDUCT BUSINESS.
- PROOF OF PUBLIC (PRODUCT) LIABILITY INSURANCE (YOUR COMPANY SHOULD HAVE THIS).
- PROOF OF VALID HEALTH PERMIT ISSUED BY THE WASHTENAW COUNTY HEALTH DEPARTMENT (APPLIES TO FOOD PRODUCTS).
- TWO 2" X 2" PHOTOS SHOWING FACE AND SHOULDERS, TAKEN WITHIN THE PAST SIXTY (60) DAYS.
- LIST OF NAMES/ADDRESSES OF **EACH** INDIVIDUAL TO BE SOLICITING/PEDDLING
- \$100 Application Fee

I hereby swear or affirm that the statements made herein are true, and further that I agree to hold the City of Ypsilanti harmless for any loss or damages sustained by a third person through the conduct, activity and negligence of the applicant and shall agree to indemnify the City of Ypsilanti for any damages which it sustains due to the acts of the applicant, or applicant's agents or employees.

Applicant Signature

Date

Witness Signature

Date

Application Fee received on _____ Receipt No. _____

Approved By: _____