SOLICITOR/TRANSIENT MERCHANT LICENSE

Please complete and return this application form to the City of Muskegon Clerk's Office, 933 Terrace Street, Muskegon MI 49440.

Date of Sale: _____

Location of Sale: _____

Articles Selling: _____

Business Name: _____

Address: _____

Phone Number: _____

Owner's Name: _____

Address: _____

Phone Number: _____

Contact Person: _____

Address: _____

Phone Number: _____

Will Alcoholic Beverages be sold? YES _____ NO _____

Michigan Sales Tax License #: _____

Federal Tax ID #: _____

Other City, County, State or Federal Licenses required? YES ___ NO __
(If so, please attach.)

By signing the application, the applicant acknowledges the copyright laws of the United States of America contained in Title 17 of the United States Code. I hereby certify that the above information is true and correct, according to the best of my knowledge.

_____

Applicant Signature Date