

CITY OF SAGINAW, MICHIGAN
TRANSIENT MERCHANT
Fee: \$25.00 PER LOCATION

Picture
of
Applicant
Required

Name of Individual

Name of Firm

Mailing Address

City

State

Zip

Telephone Number

Date of Sale: From

to

Complete description of merchandise to be sold:

Location at which applicant proposes to conduct business:

Name and Address of Property Owner:

Name

Address

City

State

Zip

Is Sales Tax License Required: no yes Number _____
(if required, please attach a copy)

Please list State I.D. Number _____ Federal I.D. Number _____

I hereby swear of affirm that I am fully aware of the duties and obligations of persons engaged as a transient merchant and agree to comply with the State laws, City Charter, City Ordinances, and such rules and regulations as may now or hereafter be in effect, relating to the operation of said business. I have received a copy of and have read the summary of the requirements as set by the State of Michigan concerning Transient Merchants. This application must be approved prior to commencement of sales.

Print Name of Applicant

Signature of Applicant

Birthdate

Home Address

**Picture identification (i.e. drivers license or State I.D.) will be required by the Police Department for processing.

Subscribed and sworn to before me, a Notary Public, in and for Saginaw County, this _____ day of _____, 19____.

My Commission expires _____

Notary Public