

**CITY OF SAGINAW**  
**APPLICATION FOR TRANSIENT MERCHANT LICENSE**  
**\$25.00 PER LOCATION**

Must be approved prior to business operation



NAME \_\_\_\_\_ BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT FROM ABOVE \_\_\_\_\_

DESCRIPTION OF MERCHANDISE TO BE SOLD \_\_\_\_\_

LOCATION AT WHICH APPLICANT PROPOSES TO CONDUCT BUSINESS \_\_\_\_\_

NAME AND ADDRESS OF PROPERTY OWNER \_\_\_\_\_

\*\*Property owner must complete section below.

DOOR TO DOOR SOLICITING - CIRCLE DAYS M T W TH F SAT HOURS \_\_\_\_\_ TO \_\_\_\_\_

IS SALES TAX REQUIRED: \_\_\_ NO \_\_\_ YES NUMBER \_\_\_\_\_ (attach copy)

STATE I.D. NUMBER \_\_\_\_\_ FEDERAL I.D. NUMBER \_\_\_\_\_

I hereby swear that I am fully aware of the duties and obligations of persons engaged in the above named business and agree to comply with all Federal Laws, 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.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

State of Michigan, County of Saginaw

The foregoing instrument was acknowledged before me on \_\_\_\_\_, by \_\_\_\_\_.

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_.

**\*\*TO BE COMPLETED BY PROPERTY OWNER**

I grant permission to \_\_\_\_\_ to use my property located at \_\_\_\_\_ as a location for retail sales, starting on \_\_\_\_\_ and ending on \_\_\_\_\_.

PROPERTY OWNER SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

I hereby swear that I am fully aware of the duties and obligations of persons engaged in the above named business and agree to comply with all Federal Laws, 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.

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The foregoing instrument was acknowledged before me on \_\_\_\_\_, by \_\_\_\_\_.

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