



Charter Township of Bloomfield | Clerk's Office | 4200 Telegraph Road, Bloomfield Hills, MI 48302

248.433.7702 | Fax: 248.642.7610 | Email: clerk@bloomfieldtwp.org

Solicitation License Application

Submit this completed form, a copy of your picture identification and an application fee of \$25.00 to the Clerk's Office for consideration. If approved, a fee of \$25.00 will be collected at the time of permit issuance. Permits expire after 60 days, but may be renewed three times within one year. Renewals require additional fees.

Applicant Information:

Date: _____

Name: _____

Phone #: _____

Home Address: _____

Local Address: _____

Email: _____

Date of Birth _____ Sex _____ Height _____

Weight _____ Hair Color _____ Eye Color _____

Drive License # _____ State of Issue _____

Vehicle: Color _____ Year _____ Make _____ Model _____

Vehicle License # _____ State of Issue _____

Vehicle Owner: Applicant Other: _____

Will you be driving the vehicle? Yes No If no, name of driver: _____

Have you ever been convicted of a felony, misdemeanor or municipal infraction? Yes No

If Yes, list **ALL** charges (attach a separate sheet if needed)

Be sure that both pages of this TWO page application are fully completed before submitting to the Clerk's Office.

For Office Use Only

Approval: _____ License Issued Date: _____ Solicitation Dates (60 days): _____

Approval: _____ License Renewal Date: _____ Solicitation Dates (60 days): _____

Approval: _____ License Renewal Date: _____ Solicitation Dates (60 days): _____

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Employer/Business Information:

Employer/Business Name: _____

Business Address (Headquarters): _____

_____ Phone #: _____

Local Business Address (if different): _____

_____ Phone #: _____

Manager in Charge of Applicant: _____ Phone #: _____

Brief description of the nature of the business and the product to be sold: _____

Where is the product manufactured or produced? _____

Where is the product stored? _____

What is the proposed method of delivery for the product? _____

Hours of Solicitation: (As permitted by Chapter 26 of the Bloomfield Township Code of Ordinances)	11:00 AM until 7:00 PM	During Daylight Saving Time
	11:00 AM until 5:00 PM	Standard Time (when Daylight Saving Time is not in effect)

Dates Requested for Solicitation _____ to _____	Hours Requested for Solicitation _____ to _____
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I hereby certify that the forgoing information is true and correct.

Signature of Applicant

By signing this application, you agree to allow Bloomfield Township to conduct a background check using the Internet Criminal History Access Tool (ICHAT).

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