



**CITY OF MANCHESTER**  
 912 CITY ROAD  
 MANCHESTER, MI 48158  
 (734) 428-7877 FAX: (734) 428-1877

**TRANSIENT MERCHANT LICENSE APPLICATION**

Date: \_\_\_\_\_

**APPLICANT'S IDENTIFICATION:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**DESCRIPTION OF BUSINESS:**

- Nature of business: \_\_\_\_\_
- Goods & Services to be offered for sale: \_\_\_\_\_
- Date/Time for right to do business: \_\_\_\_\_
- Location of goods & Services for sale: \_\_\_\_\_

**PROPERTY OWNERS:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I have given permission to the above applicant to do business at this property:

\_\_\_\_\_  
 Signature

**APPLICANT/BUSINESS OWNER:**

- Provide name, copy of picture ID (driver's license) and vehicle description for the business owner and/or the individual in charge of day of event.

1. Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_

2. Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_

**APPLICANT'S STATEMENT:**

I hereby state that the information I have provided in this application is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**For Office Use Only:**

Annual Fee - \$225.00

Date Paid: \_\_\_\_\_

(January 1st - December 31st)

Driver's license (copies attached)

Received by: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Approvals:

City Manager: \_\_\_\_\_

Date: \_\_\_\_\_

City Clerk: \_\_\_\_\_

Date: \_\_\_\_\_