



Application for Solicitation Permit

Effective 9.20.12 Revised 9.15.21

3275 Central Blvd., Hudsonville, Michigan 49426-1450, 616.669.0200 fax 616.669.2330

Date: _____ Application Number: **S** - _____

- \$ 25.00/ 1 Day** Exempt (sec #4-53) *See below
- \$ 50.00/ 1 Week**
- \$100.00/ 30 Consecutive Days** 1 Application for each Company

Business/Organization Name: _____

Contact Information: _____
(Print) Last First Middle

Address: _____

City: _____ State: _____ ZIP: _____

Business Ph. #: _____ Cell Ph. #: _____

Number of Vehicles: _____ Number of Solicitors: _____ *(6 people per permit max)*

Type of merchandise or publication to be solicited in the City of Hudsonville: _____

Dates solicitor(s) to be in the City of Hudsonville: **Start:** _____ **End:** _____

ALL SOLICITORS MUST CARRY A COPY OF THIS APPLICATION WITH THEM AND MUST WEAR THE LANYARD SO IT CAN BE SEEN, WHILE SOLICITING IN THE CITY OF HUDSONVILLE.

Name of Solicitor: _____
(Print) Last First Middle

Date of Birth: _____ Solicitors Driver's License #: _____

Home Address _____

Make of Vehicle: _____ License Plate #: _____

Name of Solicitor: _____
(Print) Last First Middle

Date of Birth: _____ Solicitors Driver's License #: _____

Home Address _____

Make of Vehicle: _____ License Plate #: _____

Name of Solicitor: _____
(Print) Last First Middle

Date of Birth: _____ Solicitors Driver's License #: _____

Home Address _____

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Make of Vehicle: _____ License Plate #: _____

Name of Solicitor: _____
(Print) Last First Middle

Date of Birth: _____ Solicitors Driver's License #: _____

Home Address _____

Make of Vehicle: _____ License Plate #: _____

I hereby affirm that I have truthfully completed this application and all additional information and attachments hereto to the best of my knowledge; that I have read Article 4 of Chapter 4 of the Code of Ordinances and all applicable City of Hudsonville Licensing ordinances; and that I agree to operate this business in accordance with all Federal, State and local laws, ordinances, rules and regulations.

Applicant's Signature Date

Approved Permit Valid: _____

Denied by: _____ Date: _____