

# Allendale Charter Township Solicitation License Form

(Each individual must apply for his or her own license)

## Business Information

Name of Business: \_\_\_\_\_  
*Please print*

Business Address: \_\_\_\_\_  
*Please print*

Business Phone number: \_\_\_\_\_ Michigan Sales Tax Number: \_\_\_\_\_  
*Include area code*

Type of Business: \_\_\_\_\_  
*Please print*

Number of Individual Solicitors: \_\_\_\_\_ Number of Vehicles: \_\_\_\_\_

Type of merchandise or publications to be distributed: \_\_\_\_\_  
*Please print*

## Solicitor's Information

Solicitor's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Please Print*

Solicitor's Address: \_\_\_\_\_  
*Please Print*

Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_  
*Include area code* *Include area code*

Type of Vehicle: \_\_\_\_\_ License Plate Number: \_\_\_\_\_  
*Please Print*

Drivers License Number: \_\_\_\_\_ Solicitor's Date of Birth: \_\_\_\_\_

Length of Time in the Township—Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Have you applied for a Solicitation License in the Township in the past? \_\_\_\_\_ yes \_\_\_\_\_ no

## Applicant's Statement

- The information provided in this application for solicitation is true and complete to the best of my knowledge. The Township (Ottawa County Sheriff's Department) has my permission to contact directly or employ the services of investigative agencies to do a background check to obtain all necessary information from the above applicant. I release all parties from any possible damages resulting from receiving such information with or without written notice to me. The above information will be shared with the Clerk's office and the Ottawa County Sheriff's Department.
- I agree to abide by all federal, state, and local laws and ordinances.
- I understand that if there is a warrant out for my arrest, this application will be rejected, and I cannot reapply for a solicitors license for sixty (60) days.
- I have read and understand the Solicitors Regulation Ordinance, and agree to following the guidelines provided.

Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Please print*

<input type="checkbox"/> application fee received	<b>Township Office use only</b>	
<input type="checkbox"/> copy of drivers license attached (both sides)		
<input type="checkbox"/> background check by Ottawa County Sheriff's Department attached		<input type="checkbox"/> application approved and seal affixed
<input type="checkbox"/> copy of approved application to Solicitor		
<input type="checkbox"/> copy of Solicitors Regulation Ordinance to Solicitor		<input type="checkbox"/> application denied