



CLERK'S OFFICE

5200 Civic Center Drive
Waterford, Michigan 48329-3773
Telephone: (248) 674-6266 Fax: (248) 674-5455
www.twp.waterford.mi.us

TRANSIENT MERCHANT LICENSE ORDINANCE

Application available at Waterford Township Clerk's Office

Duration: A period of up to 90 Calendar Days; renewable up to an additional ninety (90) calendar days

Fee: \$250.00 Non-Refundable (for every 30 days)

\$500.00 Refundable Performance Bond

All Non-Permanent Sales location operators are required to post a Cash Performance Bond, in the amount of \$500.00. This Performance Bond will be returned to the operator provided the site of their location has been completely cleaned up of litter and debris within 15 days following the close of business. Failure to clean up their location within 15 days after terminating operations at their location will result in forfeiture of the Bond. Contact Development Services (248-674-6238) to schedule a site inspection once clean up is complete.

Payment: Cash or Check - Please make checks payable to Waterford Township

Fee only is waived for Veteran of Armed Forces with proof.
One site only – Veteran must be present at all times.

Requirements:

- Copy of State issued ID, birth certificate or passport
- Michigan Sales Tax License
- State of Michigan Fireworks License and Certificate of Liability Insurance (fireworks sales only)
- Oakland County Transient Merchant License (1200 N Telegraph, Pontiac)
- Notarized letter of permission from property owner to use/rent site of sale
- Police Department – In house background form \$25.00 (Hrs. 8:00 a.m. - 4:30 p.m. M-TH)
- Zoning: The subject property must possess the **C-4, Extensive Business District**
- A Site Plan drawn to a minimum scale of 1"=40' and does not exceed a maximum scale of 1"=10' for the proposed Transient Merchant use(s) or activities. All such plans shall contain the following information:
 - Property lines and dimensions
 - Site access (e.g. curb cuts / driveways)
 - Location of all proposed buildings, structures, shelters and displays of merchandise.
 - Off-street parking areas for employees and customers.
 - A scaled detailed drawing of any proposed advertising signage that shows its proposed overall sign area (sq. ft.), height, materials and location.
 - The boundaries within which the Transient Merchant sales and activities will occur.
 - Location of restroom facilities.
 - Solid waste disposal methods or facilities.
 - Location and power source for any appliances i.e., generators.
 - Setback Requirements: All Transient Merchant activities including display areas are to be setback a minimum of 30 ft. from the front property line and no less than 10 ft. from any side or rear property line.
 - Signage: One (1) promotional or advertising sign is allowed in conjunction with an approved Transient Merchant activity/location. Such sign shall be no larger than 32 sq. ft. and no higher 8 ft. above grade. Any/All proposed signage must be setback a minimum of 15 ft. from the front property of the subject property and reviewed and approved by the Zoning official prior to installation.
 - Additional information or site improvements may be required by the Zoning official to insure the overall safety of the transient merchant operation.



**CHARTER TOWNSHIP OF WATERFORD
CLERK'S OFFICE**

5200 Civic Center Dr. • Waterford, MI 48329
Phone 248-674-6266 • Fax 248-674-5455
Web Page www.waterfordmi.gov

TRANSIENT MERCHANT APPLICATION

CLERK'S USE ONLY	
Date Received: _____	Non-Refundable Application Fee \$250.00 <input type="checkbox"/> Paid _____
<input type="checkbox"/> \$500.00 Refundable Performance Bond Paid _____	Valid Dates: _____ Report sent to Dept's: _____
Response from Police: _____	Response from DPW: _____ Response from Treasurer: _____
Response from Planning: _____	Response from Bldg _____ Response from Fire _____

1. Proposed Location of Transient Business

NAME OF BUSINESS	ZONING
ADDRESS	CROSS ROADS

2. Days of the Week, Dates and Hours of Operation

DATES	DAYS OF THE WEEK
HOURS OF OPERATION	NUMBER OF CONSECUTIVE DAYS

3. Applicant Information

NAME	PHONE NUMBERS		
ADDRESS	CITY	STATE	ZIP CODE
LIST 2 PREVIOUS ADDRESSES-ADDRESS 1			YEARS AT THIS ADDRESS
LIST 2 PREVIOUS ADDRESSES-ADDRESS 2			YEARS AT THIS ADDRESS
DATE OF BIRTH	HEIGHT	SOCIAL SECURITY NUMBER	GENDER (MALE OR FEMALE)
EMAIL ADDRESS			

4. **Attach** separate written proof of your age (i.e. copy of Driver's License, Birth Certificate or sworn affidavit)
5. **Attach** a copy of a valid Sales Tax License issued by the State of Michigan for your business
6. **Attach** a copy of State of Michigan Fireworks License & Certificate of Liability Ins. (fireworks sales only)
7. **Attach** a copy of a valid Transient Merchant License issued by Oakland County for your business.
8. **Attach** written evidence of a deed, land contract, lease or license agreement, **signed and notarized** which substantiates your permission to operate a transient merchant business at the location at which your business will be located; which instrument specifies the days, dates and hours for which such authorization has been granted, and the purpose for which such authorization has been granted.

9. **Attach** a Site Plan drawn to a minimum scale of 1"=40' and does not exceed a maximum scale of 1"=10' for the proposed Transient Merchant use(s) or activities. All such plans shall contain the following information:

- Property lines and dimensions
- Site access (e.g. curb cuts / driveways)
- Location of all proposed buildings, structures, shelters and displays of merchandise.
- Off-street parking areas for employees and customers.
- A scaled detailed drawing of any proposed advertising signage that shows its proposed overall sign area (sq. ft.), height, materials and location.
- The boundaries within which the Transient Merchant sales and activities will occur.
- Location of restroom facilities.
- Solid waste disposal methods or facilities.
- Location and power source for any appliances i.e., generators.
- Zoning: For any proposed Transient Merchant activity the subject property must possess the C-4, Extensive Business District zoning classification.
- Setback Requirements: All Transient Merchant activities including display areas are to be setback a minimum of 30 ft. from the front property line and no less than 10 ft. from any side or rear property line.
- Signage: One (1) promotional or advertising sign is allowed in conjunction with an approved Transient Merchant activity/location. Such sign shall be no larger than 32 sq. ft. and no higher 8 ft. above grade. Any/All proposed signage must be setback a minimum of 15 ft. from the front property of the subject property and reviewed and approved by the Zoning official prior to installation.
- Additional information or site improvements may be required by the Zoning official to insure the overall safety of the transient merchant operation.

10. **Attach**, or upon receipt supplement this application with, written certification of approval from the Waterford Township Police Department for your transient merchant business.

11. **Identify** all places of business in the last twelve (12) months, whether you were licensed as a transient merchant at which you engaged in any retail sales of goods, services, wares or merchandise, including the location and duration of such business activities, and whether you were an employee or an owner thereof:

12. **Identify** and describe all of the following (attach additional sheets if needed):

a) the nature, character and quality of the goods, services, wares and merchandise that you intend to sell or offer for sale at the proposed transient merchant location

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b) the invoice value and quantity of such goods, services, wares and merchandise

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c) whether the same are proposed to be served from stock in possession, by sample, at auction, by direct sale or by taking orders for future delivery

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d) where the goods, services, wares and merchandise proposed to be sold are manufactured or produced

--

e) where such goods, wares merchandise and products are located at the time this application is being filled out

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13. **Briefly state** the nature and character of the advertising done or proposed to be done in order to attract customers to your proposed transient merchant business activity.

14. **Identify** the name and address of the person or entity for whose benefit the business will be carried on, if any:

NAME			STATE OF INCORPORATION
ADDRESS	CITY	STATE	ZIP CODE

15. **Identify** the person or persons designated as the manager or supervisor of the proposed transient merchant business during the time that it is proposed to be carried on in Waterford Township (attach additional sheet if needed):

NAME		JOB TITLE (MANAGER, AGENT, ETC.)		
PERMANENT ADDRESS		CITY	STATE	ZIP CODE
LOCAL ADDRESS				
DATE OF BIRTH	HEIGHT	SOCIAL SECURITY NUMBER		GENDER (MALE OR FEMALE)

16. **Identify** all persons to be engaged as employees or otherwise in transient merchant sales activities at the proposed location (attach additional sheet if needed):

NAME		DATE OF BIRTH	PHONE NUMBER	
PERMANENT ADDRESS		CITY	STATE	ZIP CODE

17. **Identify** all persons owning the property at which you intend to conduct transient merchant sales. Attach a separate sheet if more than one.

NAME			PHONE NUMBER	
ADDRESS		CITY	STATE	ZIP CODE

18. **Identify** each misdemeanor or felony criminal offense, if any, of which you or each person designated as manager or supervisor in Paragraph 12 has been convicted (attach additional sheet if needed):

Name	Date of Conviction	Arresting Agency	Nature of Offense	Punishment (not including fines and costs)

19. **Identify** any pending criminal charges or active police complaints against you or any person designated as manager or supervisor during the last 24 hours.

Name	Arresting Agency	Charges

20. I, the undersigned applicant, have read and understand each and every provision and requirement of **Waterford Township Code Chapter 10 Article XI** regarding the regulation of transient merchant activities in the Township; and I will provide such other information that the Township requests and deems necessary, in its reasonable discretion, to discover the truth of the matters required to be set forth in this application or required by Township Ordinances: ___YES. ___NO.

I, THE UNDERSIGNED APPLICANT, HEREBY SWEAR THAT ALL OF THE STATEMENTS, ANSWERS AND INFORMATION I HAVE PROVIDED IN OR AS PART OF THIS APPLICATION ARE TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. AND I UNDERSTAND AND ACKNOWLEDGE THAT ANY FALSEHOODS OR MISREPRESENTATIONS CONTAINED IN SUCH STATEMENTS, ANSWERS OR INFORMATION CAN, AMONG OTHER THINGS, BE THE CAUSE OF A DENIAL OF THE REQUESTED LICENSE AND CAUSE FOR THE REVOATION OF ANY LICENSE ISSUED TO THE APPLICANT UNDER CHAPTER 10 OF THE WATERFORD TOWNSHIP CODE.

DATE: _____

SIGNED: _____

PRINT NAME: _____

Note: If signer is signing on behalf of a corporation, partnership or LLC, identify the signer’s position and authority to sign in such capacity.

Acknowledged before me on _____

By _____

Notary Public

_____ County, Michigan

My Commission Expires: _____

Acting in _____ County, Michigan