



## CHARTER TOWNSHIP OF WATERFORD

### CLERK'S OFFICE

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Web Page [www.waterfordmi.gov](http://www.waterfordmi.gov)

### TRANSIENT MERCHANT RENEWAL APPLICATION

#### CLERK'S USE ONLY

Date Received: \_\_\_\_\_ Non-Refundable License Fee \$250.00  Paid

Report sent to Police: \_\_\_\_\_ Report received from Police: \_\_\_\_\_

Report sent to Planning Division: \_\_\_\_\_ Report received from Planning Division: \_\_\_\_\_

#### 1. Proposed Location of Transient Business

ADDRESS	CROSS ROADS
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#### 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
EMAIL ADDRESS			

I, the undersigned applicant, hereby request renewal of the Waterford Township Transient Merchant permit issued to me on \_\_\_\_\_, and hereby swear that all of the material and representations submitted as part of my original Transient Merchant Permit Application, dated \_\_\_\_\_, remain true, valid, accurate and unchanged; or if certain materials or circumstances have changed the attached document of updated materials is to be attached to my application.

ATTACHMENT: YES NO

Except as may be stated on the attached materials, the materials and representations submitted to Waterford Township as my original application (identified above) in all other respects remain true, valid, accurate and unchanged. I understand and acknowledge that any falsehoods or misrepresentations contained in the statements, answers or information contained in my original application or in this renewal application can, among other things, be the cause of a denial of the requested permit renewal and cause for the revocation of any permit issued to me 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 the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature \_\_\_\_\_

Notary public, State of Michigan, County of \_\_\_\_\_ My commission expires \_\_\_\_\_