



Pittsfield Charter Township
Clerk's Office

Michelle L. Anzaldi
Township Clerk
clerk@Pittsfield-mi.gov

6201 West Michigan Avenue, Ann Arbor, MI 48108
Phone: (734) 822-3120 • Fax: (734) 944-8024
Website: www.pittsfield-mi.gov

Jill Mitchell
Deputy Clerk
mitchellj@Pittsfield-mi.gov

Instructions for Transient Merchant License

Incomplete applications will **NOT** be accepted

Submit the completed **Transient Merchant License Application** to the Pittsfield Charter Township Clerk's Office with the following:

- \$25.00 NON-REFUNDABLE Application Fee
(Cash, check or money order payable to "Pittsfield Charter Township")
Or
- Valid County Veteran's License¹
- Two 2" x2" passport size photos, (including head and shoulders) taken within the last 60 days.
- Health Department or Agriculture Permit (if peddling pre-packaged food)²
- Copy of Michigan Sales Tax certificate (If exempt, attach a copy of a Michigan Sales and Use Tax Certificate of Exemption, Form #3372)
- Copy of Michigan Driver's License or Michigan State Identification Card
- Letter of Employment from Employer stating employee name, start date of employment and duties as transient merchant (if employed).

For the Sale of Christmas Trees only:

- Letter from the Building Department indicating the location has the appropriate zoning.
- Letter of permission from the property owner.

Submit completed documents to:
Pittsfield Charter Township Clerk's Office
6201 W. Michigan Avenue Ann Arbor MI 48108

The Township Clerk's Office will process the application by forwarding the application to Department of Public Safety for approval. Public Safety will conduct a criminal background check to determine if there are issues that would prevent applicant from obtaining a peddler's license.

¹ If applicant is an honorably discharged member of the armed forces of the United States who served at least 180 days of active duty in the armed forces or has a service connected disability as a result of that service AND is a resident of the State of Michigan, the applicant must provide a copy of a valid Veteran's license to qualify for licensing fee waiver.MCL 35.441, et. seq.

² State of Michigan Food Law of 2000 **exempts** retail businesses that sell pre-packaged foods that are "not potentially hazardous". Not potentially hazardous includes canned goods, dry goods, candy and other packaged items. If you sell milk, sandwiches, meat, eggs, frozen dinners, or other similar perishable food, you are required to obtain a license. See http://www.michigan.gov/documents/MDA_FoodEstablishmentLicensing_41803_7.swf for more information.



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APPLICATION FOR TRANSIENT MERCHANT LICENSE

Date of Application: _____

Full Name: _____
First Name Middle Last Name

Date of Birth: _____ Place of Birth: _____

Sex: _____ Social Security Number: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Scars / Marks / Tattoos _____

Address (Business): _____
Street Address

_____ *City State Zip Code*

Business Phone #: (____) _____

Address (Residential): _____

Residential Phone #: (____) _____ Cellular Phone #: (____) _____

Operator's License # or State I.D. #: _____ State: _____

Michigan Sales Tax License # _____

If *exempt*, attach a copy of a Michigan Sales and Use Tax Certificate of Exemption, Form #3372

Nature of business: _____

Description of goods or services to be sold: _____

Where is product manufactured: _____

Where is product stored: _____

How will delivery be made: _____



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If employed, attach letter of employment

Employer Name: _____

Employer Address: _____
Street Address

<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Length of time that license is requested: _____ Days _____ Month

Vehicle: Color _____ Year _____ Make: _____ Model: _____

Vehicle License Plate #: _____ State of: _____

Have you ever been convicted of a felony, misdemeanor or violation of a Municipal Ordinance?

Yes No

If "yes", list ALL charges, newest to oldest (attach additional sheet(s) if necessary:

Date _____ Location _____ Offense _____ Penalty _____

Date _____ Location _____ Offense _____ Penalty _____

Date _____ Location _____ Offense _____ Penalty _____

Date _____ Location _____ Offense _____ Penalty _____

I hereby certify that the forgoing information is complete and true.

Signed: _____ Date: _____

Signature of Applicant

Printed Full Name

STATE OF MICHIGAN



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COUNTY OF WASHTENAW

On this ____ day of _____, 20____, before me personally came the above named applicant and made oath that he/she has read the foregoing application and knows the contents thereof, and that the same is true of his/her own knowledge.

Notary Public, _____ County, Michigan.

One this ____ day of _____, 20__

Appeal Process –

Section 18-2 (h); *Appeal*. Any person aggrieved by the action of the township clerk in the denial of an application for license or revocation of a license under this Ordinance shall have the right of appeal to the township board. Such appeal shall be taken by filing with the township board within 14 days after notice of the action complained of has been mailed to such person's last known address, a written statement setting forth fully the grounds for the appeal. The township board shall set a time and place for a hearing on such appeal, and notice of such hearing shall be given to the appellant.

Notice of the hearing for revocation of a license shall be given in writing, setting forth specifically the grounds of complaint and the time and place of hearing. Such notice shall be mailed, postage prepaid, to the licensee at his last known address at least seven days prior to the date set for hearing.

Clerk's Office Use Only

Application Fee: _____ License #: _____

License fee is \$20.00/Week; \$40.00/month; \$100.00/year

License Fee Paid: \$ _____ Date: _____