



VILLAGE OF MANCHESTER

912 CITY ROAD P.O. BOX 485
MANCHESTER, MI 48158
(734) 428-7877 FAX: (734) 428-1877
WWW.VIL-MANCHESTER.ORG

VENDOR LICENSE APPLICATION

Date: _____

APPLICANT'S IDENTIFICATION:

Name: _____ Telephone: _____

Address: _____

Driver's License (picture ID required): _____

DESCRIPTION OF BUSINESS:

Nature of business: _____

Goods to be sold: _____

Time frame for right to do business: _____

Location of goods for sale: _____

Provide name, copies of picture id's (drivers' license) and vehicle description for each individual who will be involved in this activity:

1) Name: _____ DLN: _____

Vehicle Description: _____

2) Name: _____ DLN: _____

Vehicle Description: _____

3) Name: _____ DLN: _____

Vehicle Description: _____

APPLICANT'S STATEMENT:

I hereby state that the information I have provided in this application is true and correct to the best of my knowledge.

Signature: _____

Date: _____

CANVASSING ONLY:

I hereby affirm that this activity is canvassing only. No other information or opportunity for a monetary transaction will be offered.

Signature: _____

Date: _____

Over>>>>

For Office Use Only:

- Fees (refer to fee schedule) Date Paid: _____ Received by: _____
- Driver's license (copies attached)

Approvals:

- Chief of Police Signature: _____ Date: _____
- Village Treasurer: _____ Date: _____