

CITY OF NEWAYGO
Application For Transient Merchant License

Date: _____ Permit #: _____ Fee: \$300.00

1. **Applicant information** (if not individual, list business) **Owner Information:** (if different from applicant)

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Name(s) of individuals operating at the location: _____

2. Property Location (**Attach a site plan sketch of where business will be located on the property along with a written and signed lease or statement by property owner giving the applicant permission to use the property**)

Property Address: _____
3. Dates/date ranges proposed for conducting business: _____

Times of operation each day: _____

4. Kind of business the applicant is operating: _____

Goods, wares, merchandise, or services to be sold: _____

5. List of all assumed, trade or firm names under which the applicant intends to do business: _____

6. Signage (Signs cannot exceed a total of 45 square feet of surface area, including any signs on vehicles)

Number of temporary signs: _____ Single-sided ☐ Double-sided ☐

Location of signs (Attach sketch for location of signs): _____

7. State Sales Tax License (Applicant must provide a copy of the business's state sales tax license)
8. State issued ID or Passport (Attach a readable copy)

9. Convictions: Has the applicant, or the person conducting or managing the business, been convicted of a crime, misdemeanor or the violation of any municipal ordinance? Yes ☐ No ☐

If Yes, list the charge(s) and nature of conviction: _____

10. Proof of Insurance (Applicant must provide a copy of Insurance)

11. No license shall be granted to any applicant until the applicant has compiled all the provisions pertaining to the business listed above and all fees have been paid.

12. A licensee shall carry the license issued (this signed form) at all times when engaged in the operation, conduct or maintenance of any business for which the license was granted.

13. No license issued under this provision is transferable.

I/we _____ do hereby swear that the above information is true and correct to the best of my/our knowledge. False information on the above application may result in the rejection of the application or revocation of the transient merchant license.

Signatures: X _____ X _____

Print names: _____

Date: _____

To be completed by the City of Newaygo Office

A transient merchant license for the above applicant and location is hereby:

() Approved () Denied License Expires: _____

Restrictions/reasons for action: _____

City Manager: _____ Date: _____

Chief of Police: _____ Date: _____