



# CHARTER TOWNSHIP OF PORT HURON

3800 Lapeer Road  
Port Huron Twp., Michigan 48060

Phone: (810) 987-6600  
Fax: (810) 987-6712

## Transient Merchant Application

(For special events, applications must be received 7 days in advance. Otherwise, allow at least 72 hours for processing.)

### Basic Information:

1. Person in charge and responsible for conduct of sale:

- a. First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_
- b. Business Name (if applicable): \_\_\_\_\_  
Gender: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ (Must be at least 14 years old. Work permit required for those under 16 years old).
- c. Driver's License Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_
- d. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_
- e. Permanent Address: \_\_\_\_\_ Phone #: \_\_\_\_\_
- f. Local Address(if different): \_\_\_\_\_ alternate Phone: \_\_\_\_\_

2. Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_. If "yes" give date, charge, and explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Owner of goods to be sold:

Name: \_\_\_\_\_ Business Name \_\_\_\_\_  
Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

4. Description of goods to be sold: \_\_\_\_\_  
(You MUST contact the health department if food items are being sold or prepared. 810-987-5306)

5. Location(s) of Sale: (List business name and address/owner name and address):  
(A letter from each property owner granting permission must be included with application.)

Name and Address: \_\_\_\_\_ Sale Dates: \_\_\_\_\_  
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### Fees/Rules and Regulations/Submission:

*This application must be completed and approved according to Ordinance No. 213. You can obtain a complete copy of the ordinance in the Township Clerk's office.*

**Processing Fee (Firework Sales ONLY): \$25**

**License Fees:**

**\$50- Up to thirty consecutive days  
(only four months total issued per year per applicant)**

**Additional Locations: \$35 (same applicant and sale period)**

**CONTINUED ON PAGE 2:**

**Fees/Rules and Regulations/Submission (Continued from Page 1):**

**REQUIRED ATTACHMENTS:**

- a. If property location of sale is not owned by applicant, a letter granting permission from owner is required. Application cannot be processed until this is received.
- b. Credentials from the person for which the applicant proposes to do business, authorizing the applicant to act as such representative (e.g. letter, contract, etc.)
- c. FIREWORKS SALES ALSO INCLUDE:
  - I. A tent layout plan
  - II. A parking lot layout plan
  - III. Copy of State License
  - IV. Proof of insurance

Submit this completed application with the appropriate fee amount to the Office of the Township Clerk, 3800 Lapeer, Port Huron, MI 48060. For questions, call the Clerk's office at 810-987-6600.

Application must meet the approval of the local Fire Chief and Zoning Administrator.  
The Health Dept. will be notified of any merchant dealing with food.

*Privacy Act Release: By way of my signature below, I hereby acknowledge the rights of the Privacy Act passed by Congress that no information can be provided to unauthorized personnel without my consent. I also release the Charter Township of Port Huron to conduct a full background check. I acknowledge that all statements listed in this application are fact. I also agree to all rules, regulations, and ordinances applicable to this application and my conduct in the Charter Township of Port Huron.*

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OFFICE USE ONLY BELOW THIS LINE \_\_\_\_\_

License # Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_

License Fee Paid: \_\_\_\_\_ Pay method: \_\_\_\_\_ Check # (if applicable): \_\_\_\_\_

**License Renewal Tracker:**

DATE PAID/RENEWED	AMOUNT	TIME PERIOD RENEWED FOR