APPLICATION FOR PERMIT AS
TRANSIENT MERCHANT/ITINERANT VENDOR

A non-refundable background check fee of $15.00 is due with application. Processing may take up to one week. Upon approval the current permit fee is due. Once paid, a certificate will be issued which must be kept visible any time business is conducted within the City of Norton Shores. Company information will be posted on the City's website.

BUSINESS INFORMATION

BUSINESS NAME:	BUSINESS TYPE:	
LOCAL BUSINESS ADDRESS:	MAILING ADDRESS (IF DIFFERENT):	
BUSINESS PHONE #:	BUSINESS E-MAIL:	
DAYS/HOURS OF OPERATION:		
DESCRIPTION OF BUSINESS OPERATION AND PRODUCT SOLD:		
DESCRIPTION OF VEHICLE TO BE USED IN SALES:	Make:	Model:
	Color:	License Plate #:

BUSINESS OWNER INFORMATION

BUSINESS OWNER NAME:	BUSINESS OWNER ADDRESS:
BUSINESS OWNER PHONE #:	BUSINESS OWNER E-MAIL:

PERSONAL INFORMATION

(on-site manager)

LAST NAME:	FIRST NAME:	MIDDLE NAME:
DATE OF BIRTH:	DRIVERS LICENSE #:	STATE OF ISSUE:
HOME ADDRESS:	HOME PHONE #:	CELL PHONE #:
E-MAIL:		

FIRE SAFETY INFORMATION

EMERGENCY CONTACT #1 (Name & Phone #):	EMERGENCY CONTACT #2 (Name & Phone #):
Are hazardous materials used, stored, or manufactured on the premises? ☐ YES ☐ NO	
Is there an automatic external defibrillator (AED) on site? If yes, where is it located?	
Food Trucks: **Must contact Fire Prevention, 231-799-6809, to complete necessary inspections & get approval signature from the Fire Marshal. Once everything required by Fire Prevention is complete the Chief of Police will review the application.**	

Has the applicant ever been convicted of any City ordinance violation, misdemeanor or felony? If yes, what was the offense and what was the punishment or penalty?

_____

_____

If a permit is granted, it will not be used or represented as an endorsement by the City or by any department or office thereof.

The facts set fort in the above permit application are true and complete and by signing below I agree to any stipulation cited in this document. I understand that if approved, false statements on this application or failure to comply with any instructions set forth shall be sufficient cause for revoking the permit immediately.

_____ _____

Signature Date

OFFICE USE ONLY BELOW THIS LINE

RECOMMEND

☐ YES ☐ NO

_____ _____

Ted Karnitz, Fire Marshal Date

☐ YES ☐ NO

_____ _____

Jon Gale, Chief of Police Date

Approval or Denial

Approved _____ Denied _____

Reason for Denial: _____

_____

_____ _____

Shelly Stibitz, City Clerk Date

Permit Issued: **Permit Expires:**