



**CHARTER TOWNSHIP OF WATERFORD
CLERK'S OFFICE**

5200 Civic Center Dr. • Waterford, MI 48329
Phone 248-674-6266 • Fax 248-674-5455
Web Page www.twp.waterford.mi.us

TRANSIENT MERCHANT RENEWAL APPLICATION

CLERK'S USE ONLY	
Date Received: _____	Non-Refundable License Fee \$250.00 <input type="checkbox"/> Paid
Report sent to Police: _____	Report received from Police: _____
Report sent to Planning Division: _____	Report received from Planning Division: _____

1. Proposed Location of Transient Business

ADDRESS	CROSS ROADS
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2. Days of the Week, Dates and Hours of Operation

DATES	DAYS OF THE WEEK
HOURS OF OPERATION	NUMBER OF CONSECUTIVE DAYS

3. Applicant Information

NAME	PHONE NUMBERS		
ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS			

I, the undersigned applicant, hereby request renewal of the Waterford Township Transient Merchant permit issued to me on _____, and hereby swear that all of the material and representations submitted as part of my original Transient Merchant Permit Application, dated _____, remain true, valid, accurate and unchanged; or if certain materials or circumstances have changed the attached document of updated materials is to be attached to my application.

ATTACHMENT: ___ YES ___ NO

Except as may be stated on the attached materials, the materials and representations submitted to Waterford Township as my original application (identified above) in all other respects remain true, valid, accurate and unchanged. I understand and acknowledge that any falsehoods or misrepresentations contained in the statements, answers or information contained in my original application or in this renewal application can, among other things, be the cause of a denial of the requested permit renewal and cause for the revocation of any permit issued to me under Chapter 10 of the Waterford Township Code.

DATE: _____

SIGNED: _____

PRINT NAME: _____

Note: If signer is signing on behalf of a corporation, partnership or LLC, identify the signer's position and authority to sign in such capacity.

Acknowledged before me on the _____ day of _____, 20____.

Signature _____

Notary public, State of Michigan, County of _____ My commission expires _____