



CITY OF BANGOR

257 West Monroe Street
Bangor, Michigan 49013
Telephone: 269.427.5831
Facsimile: 269.427.7919
www.bangormi.org

COMPLETED

DRIVERS LICENSE

PAID

AMOUNT: \$ _____

Taken By: _____

Date: _____

VENDOR AND PEDDLING PERMIT

(COMPLETE ALL SECTIONS IN FULL, SIGN, DATE, AND SUBMIT)

(UNDER THE PROVISIONS SET FORTH IN THE CITY OF BANGOR CHAPTER 111 AND ORDINANCE 257)

TYPES OF GOODS/SERVICES SOLD: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

TYPE OF VEHICLE USED: _____ REGISTRATION: _____

DATES OF OPERATION: _____ NUMBER OF EMPLOYEES: _____

DAYS AND HOURS OF OPERATION: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY: YES NO

NAME OF COMPANY ASSOCIATED WITH: _____

SUPERVISOR: _____ CONTACT NO. _____

Signature: _____ Date: _____

- A COPY OF A CURRENT DRIVER'S LICENSE OR STATE ID ALONG WITH BUSINESS ID REQUIRED.
- ALL STATE OF MICHIGAN PERMITS MUST BE OBTAINED.
- ALL REQUIRED INSPECTIONS MUST BE COMPLETED.
- IF A TEMPORARY STRUCTURE IS TO BE USED, A SITE PLAN DRAWING WILL BE REQUIRED.

BACKGROUND CHECK BY: _____

APPROVED BY: _____ DATE: _____

\$25.00 FEE PER PERSON, PER DAY

\$150.00 PERSON