



CITY OF LANSING

TRANSIENT VENDOR LICENSE APPLICATION

APPLICANT INFORMATION

Name: _____ Date of Birth: ____/____/____

Address: _____
Street City State Zip Code

Cell Phone: _____ E-mail: _____ Driver's License #/State Issued: _____
Attach Copy

Vehicle Information (If operating from vehicle): _____
Year Make Model Color(s) State License Plate #

BUSINESS INFORMATION

Name of Business: _____ Business Telephone: _____

Type of Business: _____ Business Fax: _____ Website: _____

Business Address: _____
Street City State Zip Code

Manager Name: _____ Manager Cell Phone: _____

Nature of the business and the goods to be sold/distributed: _____

Length of Time in Lansing: **3 Consecutive Days** **(\$25 per person)** **Dates:** _____

7 Consecutive Days **(\$60 per person)** **Dates:** _____

30 Consecutive Days **(\$125 per person)** **Dates:** _____

APPLICANT AGREEMENT

(Initial each item indicating that you have read and understand each statement)

_____ I swear that I have not been convicted of a felony, misdemeanor, or ordinance violation involving force, violence moral turpitude, deceit, fraud, or any other law regulating the act of soliciting or canvassing as defined by the Lansing City Code, Chapter 5, Article 2, within the past five (5) years within any state of the United States.

_____ I swear that I have not had a transient vendor license revoked or suspended under the ordinances of the City of Lansing or any other city.

_____ I understand and agree that if this permit is granted, it will not be used or represented in any way as an endorsement of the City of Lansing or any department or officer of the City of Lansing.

_____ I understand that if this transient vendor license is granted, I must adhere to all regulations of the City Code of Lansing and if I fail to follow the regulations that I may be subject to fines up to \$500.00 and imprisonment.

I declare under penalty of false statement that, to the best of my knowledge and belief, the statements made herein are true and correct.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY:

Application Received By: _____ License Period Dates: _____
Signature Date

Notify: Finance Public Works/CED Police Cost: _____ Cash Check Credit