

Township of Burt, Alger County
PO Box 430, Grand Marais, MI 49839

APPLICATION FOR TRANSIENT MERCHANT LICENSE
THIS FORM MUST BE FILED 14 DAYS IN ADVANCE

I, (please print) _____ hereby make application under Ordinance #12-2017 of the Township of Burt, Alger County MI. I hereby declare I am _____ years old, my date of birth _____, and my address is: (please print) _____ (City) _____, (County) _____, (State) _____, (Zip) _____. I have resided at this residence for _____ years. My business address is (if different from above, please print) _____ (City) _____, (County) _____, (State) _____, (Zip) _____. I propose to conduct, in the Township of Burt, the sale of _____ distributed by _____ for a period of _____ day(s) on _____, 20__ to _____, 20__, at location determined by the parameters of Ordinance #12-2017. If on private property, letter from property owner required before license is issued.

Permit Desired: _____ \$25.00 Daily _____ \$50.00 Wknd. (Fri, Sat & Sun.) _____ \$200.00 Six Month Pass

**The fee is waived for permanent residents of Burt Township. Indicate here if applicable _____ (verified by voter's registration)

Date PAID _____, 20____. CHECK NUMBER _____ OR CASH.

Signature

Date

Subscribed and sworn to before me, a Notary Public, in and for the County of Alger, State of Michigan.

Signature

My Commission Expires _____

DO NOT WRITE BELOW THIS LINE

Township Treasurer: Applicant (is) (is not) delinquent in taxes owed to Burt Township. Applicant (is) (is not) found to be in debt to Burt Township in any other manner.

Application is (Granted) (Denied): _____

Signature

Date

Township Clerk: A file check shows/ does not show outstanding criminal charges against the applicant. The business to be conducted does show/ does not show intent to defraud and/or cheat the public.

Application is (Granted) (Denied): _____

Signature

Date