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

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
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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
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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