

**SPRINGPORT TOWNSHIP**  
**LICENSE FOR SOLICITORS**

Date of Application: \_\_\_\_\_

Fee: \$100 per day: \_\_\_\_\_ Cash \_\_\_\_\_ Check#

Name of person/company: \_\_\_\_\_

Address of applicant: \_\_\_\_\_

Name of individuals soliciting:

Name: \_\_\_\_\_ license or ID # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of nature of the organization and business and the goods or service to be sold  
Or solicited: \_\_\_\_\_

\_\_\_\_\_

Length of time solicitation is desired: (no more than 30 days from start) \_\_\_\_\_

Approximate locations within the Township where the solicitation will take place

\_\_\_\_\_

By signing this agreement I agree to all terms set forth by the Springport Township "Ordinance for Solicitors" and furthermore no persons, firm, corporation or representatives has been convicted of a felony, misdemeanor, or ordinance violation involving a violent crime, theft, burglary, breaking and entering, fraud, or concerning canvassing or solicitation within the past 7 years.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed signature

Signature of Township Representative

Date