



Application # \_\_\_\_\_

Date \_\_\_\_\_

VENDOR APPLICATION  
CITY OF BATTLE CREEK CLERK'S OFFICE  
10 North Division, Room 111  
Battle Creek, MI 49014  
Phone (269) 966-3348, Fax 269-966-3555

\_\_\_\_\_  
Last Name / First Name / Middle Name / Maiden/Former Name(s)

\_\_\_\_\_  
Permanent Address / City / State / Zip

\_\_\_\_\_  
Local Address / Home Phone No. / Work Phone No.

\_\_\_\_\_  
Date of Birth / Color of Eyes / Weight / Height / Race / Sex / Color of Hair

1. Name two reliable property owners of Calhoun County who will certify as to applicant's good character and business responsibility:

\_\_\_\_\_  
Name / Street / City / State / Zip / Phone No.

\_\_\_\_\_  
Name / Street / City / State / Zip / Phone No.

2. Has the applicant ever been convicted of any crime, misdemeanor or violation of any Municipal Ordinances?  Yes  No

If yes, explain fully the nature of the offense and punishment/penalty assessed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. State place or places where applicant has conducted business within the past six months, stating the nature thereof:

\_\_\_\_\_  
\_\_\_\_\_

4. Briefly describe the nature of the business and goods to be sold: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Are the goods to be sold produced by the applicant?  Yes  No

If yes, state where goods are produced: \_\_\_\_\_

6. From what address/location do you expect to do business: \_\_\_\_\_

7. Quality of goods to be sold: \_\_\_\_\_ Invoice Value: \_\_\_\_\_

\_\_\_\_\_  
8. If goods are not delivered at time of sale, explain proposed method of delivery: \_\_\_\_\_

9. Information on the Business you are soliciting for:

Business Name	Address	City	State	Zip
Name of Manager/Supervisor/Owner or Principal		Where are goods produced/manufactured?		

10. If a corporation, in what state are you incorporated: \_\_\_\_\_  
Home Office Address City State Zip

11. State length of time during which you expect to do business: \_\_\_\_\_

12. If a vehicle is to be used, complete this section: Type of vehicle \_\_\_\_\_ Color \_\_\_\_\_ Year/Make \_\_\_\_\_  
Serial No. \_\_\_\_\_ License No. \_\_\_\_\_

13. If advertising, state nature of advertising (newspaper, circulars, handbills):  
\_\_\_\_\_

**14. The following must be filed with this completed application:**

- Insurance Requirements: \$1,000 License or Permit Bond (per person/employee) and Liability insurance - minimum of \$100,000 CGL.
- Automobile Insurance(if applicable): \$100,000 per person/\$300,000 per accident – Bodily Injury and \$100,000 per accident – Property Damage OR \$300,000 – Bodily Injury / Property Damage – CSL (Combined Single Limit).
- Fee: \$50.00 annual fee (includes 1<sup>st</sup> month fee); each succeeding month \$30.00; \*\$10.00 per month for each additional employee (application must be submitted for each additional employee)
- Valid Government Issued Identification
- \*If applicant is vending on behalf of a partnership or corporation, the applicant shall also provide the name and address of the employer, together with proof establishing the relationship
- If located on private property, applicant must submit written permission from the property owner giving permission to locate on his or her property
- If applicant is vending prepared food, the applicant shall provide a copy of his or her valid Food Service License issued by the County Health Department

I, the undersigned, do hereby certify, under oath, that I have read the above and foregoing application and that all facts and information stated in said application are true to the best of my knowledge. The undersigned does further warrant that no misrepresentation of fact is contained in the foregoing application and hereby assumes responsibility for any damages arising out of any false or inaccurate statement.

\_\_\_\_\_  
Signature

STATE OF MICHIGAN )  
) ss.  
County of Calhoun )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public – Calhoun County, Michigan

My Commission Expires: \_\_\_\_\_

**Note: If issued, the license must be carried and shown on demand. The license is subject to revocation for cause.**

**FOR OFFICE USE ONLY**

Please conduct your inspection and forward your recommendations to the Clerk's Office.

**Police Chief**       Approved       Denied      Signature \_\_\_\_\_

Comments: \_\_\_\_\_

**Risk Management**       Approved       Denied      Signature \_\_\_\_\_

Comments: \_\_\_\_\_