



VILLAGE OF WALDRON

102 S. Main Street, Waldron MI 49288
Phone: 517-286-6677 Fax: 517-286-6292
E-mail: vow@wcomco.net

APPLICATION FOR PEDDLERS LICENSE (Please print)

NAME OF APPLICANT: _____

ADDRESS: _____

PHONE #: _____

DRIVER'S LICENSE NUMBER: _____

MAKE & MODEL OF VEHICLE DRIVEN: _____

LICENSE PLATE NUMBER: _____

NAME OF EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE #: _____

NAME OF SUPERVISOR: _____

SUPERVISOR'S PHONE #: _____

I understand that this is a temporary license and is granted for the period of one (1) year, and that I am bound by "Peddlers Ordinance #_____".

Applicant's Signature

Date

Clerk's Signature

Date

Shawn Barnhart—President
William Hall—Treasurer
Casey Gravelle—Clerk

Seat Open—Trustee
Brian Bernath—Trustee
Emil Gravelle, III—Trustee

Allison Harwood—Trustee
Dakota Potter—Trustee
Stacie Shamplo—Trustee

The Village of Waldron is an equal opportunity provider.