



St. Clair Shores City Clerk  
27600 Jefferson Circle Drive  
St. Clair Shores, MI 48081  
586-447-3303 (Fax 586-445-0469)

**SOLICITOR APPLICATION – DOOR-TO-DOOR**  
(As defined by City Ordinance Section 7.52(2)  
19.352 and provide with application proof of  
non-profit designation or affiliation)

## **SOLICITOR PERMIT APPLICATION DOOR-TO-DOOR**

### Requirements:

1. Solicitor Permit Application – Door-to-Door
  - One form is required for each event
2. Proof of non-profit designation or affiliation
3. Names of all participants **PRINTED CLEARLY**
4. Permit badges must be viewable when going door-to-door

### Peddlers and Solicitors Ordinance

**Note:** Minimum five (5) business days required for processing of permits once **all** submitted information is complete.

**Failure to return the permit badges within seven business days of the event will trigger a \$100 bond for all future events**

**Ordinance Requirement: MUST carry picture ID and City issued permit.**



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In accordance with the provisions of the ordinance section of the City of St. Clair Shores, I hereby make application to engage in **Soliciting** in the City of St. Clair Shores.

Dates of soliciting period (may not exceed 90 days): Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Hours of Solicitation: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Number of Adults \_\_\_\_\_  
 (no earlier than 9 a.m. and no later than 8 p.m.) Number of Students \_\_\_\_\_

Location of routes in the City: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Non-Profit Organization Name & Complete Address: \_\_\_\_\_

Non-Profit Organization Telephone Number: \_\_\_\_\_

Name/Complete Address/Telephone Number of entity representing: \_\_\_\_\_

Description of non-profit nature of the organization: \_\_\_\_\_

Description of non-profit activity to be conducted and method to be used: \_\_\_\_\_

Has this organization ever been found to have violated a municipal ordinance regulating soliciting?  
 Yes or No If yes, explain: \_\_\_\_\_

Has this organization or an officer or director of the applicant's parent organization ever been convicted of a felony, and/or any sex offense, and if so, the date and location of such conviction, and a brief description of the offense: \_\_\_\_\_

I certify that all the information on this application is true and correct. I understand that the City shall have the right to investigate and verify the information contained in this application. I have read the Peddlers and Solicitors Ordinance, and I agree to abide by its terms.

It is further understood and agreed that all persons soliciting in the City of St. Clair Shores will: 1) Observe all ordinances and traffic laws, 2) Observe solicitation hours no earlier than 9 a.m. and no later than 8 p.m., 3) Show proof of non-profit status (organization letter), 4) Show proof of all licenses or permits, if any, required by law, 5) Not solicit any residence or business displaying a "NO SOLICITORS" sign, 6) Not threaten or harass any person in the course of soliciting activities, 7) Carry a copy of permit, including photo identification, at all times and return to City Clerk's Office upon expiration of permit term.

The \_\_\_\_\_ (organization's name) agree(s) to defend, indemnify, and hold harmless the City of St. Clair Shores, Michigan, from any claim, demand, suit, loss, cost of expense, or any damage which may be asserted, claimed or recovered against or from the City of St. Clair Shores by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss, cost of expense is caused in whole or in part by the negligence of the City of St. Clair Shores or by third parties, or by the agents, servants, employees or factors of any of them.

**NOTE: Failure to return solicitor badges within seven days of soliciting period end date will trigger a bond fee of \$100.00 for all future permits. Badges MUST be returned by: \_\_\_\_\_**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied  \_\_\_\_\_  
 City Clerk

cc: Petitioner Police Department

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Printed name of all participants	Adult or Student	Date