

**Application**  
**Solicitors Permit**



Charter Township of Milford  
1100 Atlantic Street  
Milford, Michigan 48381  
248 685-8731

- **Submit application and \$50.00 fee, payable to Milford Township**
- **Complete and Submit all items contained in Application**
- **Milford Township and the Milford Police Department shall investigate all persons listed for valid information and criminal background check**
- **Milford Police Department will make a recommendation to Township Clerk for permit approval or denial within five (5) business days of their receipt of application**
- **If application is denied for any reason, a new application and fee must be submitted in order to reapply.**

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*For MPD Use*

**Police Department Approval Recommendation:** \_\_\_\_\_

**By:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
Please Print Name

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*For Office Use*

**Approval Date:** \_\_\_\_\_

**Permit #** \_\_\_\_\_

**Permit Expiration Date:** \_\_\_\_\_ **Give Ordinance 225 to Applicant**

Name/Phone of Applicant: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_

Company/Organization/DBA: \_\_\_\_\_

Address: \_\_\_\_\_

Company Website/Email: \_\_\_\_\_

Supervisor Name/Phone: \_\_\_\_\_

Description of Soliciting  
Activity/Purpose: \_\_\_\_\_

Dates and Times of Solicitation: \_\_\_\_\_

Area/Location of Solicitation: \_\_\_\_\_

Has the parent organization ever been found to have violated a municipal ordinance regulating soliciting or peddling? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, describe details of violation:

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

Provide names and phone numbers of all persons soliciting, **a recent photo (within 60 days) of each person engaged in the peddling** (including drivers) **and** a copy of their Photo ID: (Use back if necessary)

Name	Phone Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

A current ICHAT (Internet Criminal History Access Tool) Report, dated within the last 30 days for each employee listed as engaging in peddling **MUST be provided by the Applicant.** See page 3, Section 8-32 (7) of Ordinance 225 for more information.



**Submit all information to: Milford Township, 1100 Atlantic Street,  
Milford, MI, 48381. Phone: 248 685-8731 Fax: 248 685-9236  
Email: [hbrandt@milfordtwpmi.gov](mailto:hbrandt@milfordtwpmi.gov)**

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***For Office Use***

All items must be checked "Yes" before form is submitted to Milford PD for review

	Check yes or no	Date
Form Completed	_____	_____
\$50.00 Fee, Cash, Check or Credit Card	_____	_____
ICHAT Reports for all listed Peddlers	_____	_____
Required Photos of all Participants	_____	_____
Required IDs of all Participants	_____	_____
Copies of Distribution Material	_____	_____
Application Received	_____	_____

Name: \_\_\_\_\_ Date submitted to MPD: \_\_\_\_\_