



**City of Hillsdale**  
97 N. Broad St. Hillsdale MI 49242  
T: 517-437-6441 F: 517-437-6448

## **TRANSIENT MERCHANT'S PERMIT**

Registrant's Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Driver's License & State: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

Dates of Operation: \_\_\_\_\_

Location intended for Business use: \_\_\_\_\_

Description of Goods or Services: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Property Owners Signature: \_\_\_\_\_

Witness of Signature: \_\_\_\_\_

Registrant's Signature: \_\_\_\_\_

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

Form must be complete before submitting to be considered for approval

---

### **FOR CITY CLERK'S USE ONLY**

This Registration Valid and In Force From: \_\_\_\_\_  
(Date Accepted & Reviewed by Registrant)

Through: \_\_\_\_\_  
Good for 30 days once approved

COPY OF DRIVER'S LICENSE ATTACHED: ( ) Y ( ) N