

**APPLICATION FOR SOLICITATION LICENSE  
CITY OF DEARBORN HEIGHTS  
6045 FENTON  
DEARBORN HEIGHTS, MI 48127  
313-791-3430  
CITY CODE - ORDINANCE H-03-10**

**PLEASE PRINT - THIS FORM MUST BE COMPLETELY FILLED OUT  
IN ORDER TO BE PROCESSED**

\_\_\_\_\_  
**DATE OF APPLICATION**

The undersigned hereby applies for a license under the provisions of the City Codes of the City of Dearborn Heights regulating the licensing of solicitors, represents that the statements hereinafter contained are true and undertakes and promises to comply with all the provisions of the City Code of the City of Dearborn Heights in the conduct of the business to be carried on. It is understood that any license issued upon this application shall be revocable for cause as stipulated in the said City Code.

**NAME OF APPLICANT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

**PURPOSE FOR WHICH CONTRIBUTIONS WILL BE USED:**

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

**NUMBER OF DAYS OF SOLICITATION (LIMIT OF THREE DAYS):** \_\_\_\_\_

**DATE SOLICITING BEGINS/ENDS:** \_\_\_\_\_

**LOCATION (STREETS) WHERE SOLICITATION WILL TAKE PLACE:**

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

**CODE#:** \_\_\_\_\_ **TYPE OF LICENSE:** \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DRIVER'S LICENSE NUMBER:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_