

**CHARTER TOWNSHIP OF OAKLAND**

4393 Collins Road  
Rochester, MI 48306

**Application for Solicitor Registration**

(Charter Township of Oakland Ordinance No. 95)

**FOR TOWNSHIP USE ONLY:**

Application Number: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Received By: \_\_\_\_\_

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

**TO THE APPLICANT:**

By completing this application form in full and attaching to it the materials requested you will assist the Township in its efforts to promptly review your application for a certificate of registration. The information or materials requested by this application are the minimum required under Oakland Township Ordinance No. 95. Please include any additional information or materials that you believe will assist the township in its review of your application.

The application must be filled out in full, with all requested information provided, signed and sworn to before processing by the township. Additionally, a non-refundable application fee, and all other fees must be submitted to the Township with this application. Incomplete applications, or those submitted without appropriate fees will not be approved.

**SECTION A:** To be filled out by all applicants. Attach separate sheet if additional space is required.

Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Current Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Length of time residing at current address:

Years: \_\_\_\_\_ Months: \_\_\_\_\_

If less than three years at current address(es), list prior addresses:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

A separate written proof verifying age must be submitted by attachment to this application. (ie, Birth Certificate or sworn affidavits)

Company Information:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Length of Employment:

Years: \_\_\_\_\_ Months: \_\_\_\_\_

List the name and addresses of all employers in the last three years:

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Detailed description of all subject matter you wish to solicit:

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Period of time (up to 60 days) certificate of registration is needed: \_\_\_\_\_

Have you or the firm/group you represent ever applied for a certificate of registration in the past? \_\_\_\_\_

If yes, when and for what purpose: \_\_\_\_\_

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Was the permit revoked, if so, when and why? \_\_\_\_\_

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

Have you ever been convicted of a crime (misdemeanor, felony, etc.)? \_\_\_\_\_

If yes, identify each criminal conviction, the date, convicting court and the charged crime for each conviction: \_\_\_\_\_

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Have you ever been arrested for any crime involving homicide, criminal sexual conduct, kidnapping, robbery, assault/battery, use of a firearm, fraud, extortion, dishonesty, false statement, or any felony offense involving the illegal entry into a residential structure or damage to real or personal property, irrespective of whether or not there was a resulting conviction for any such arrest? \_\_\_\_\_

If yes, identify each crime arrested for, the arresting agency for each arrest and the date of the arrest: \_\_\_\_\_

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**Attach:** A copy of the applicant's driver's license to the application. If the applicant does not have a driver's license, a 2"x 2" sized photograph showing head and shoulders must be provided.

**Note:** It is unlawful for any person under the age of eighteen to solicit unless accompanied by a supervising adult. The supervising adult will need to have filled out, and signed Section B of the application, as well as, been approved and issued a certification of registration.

I, the undersigned applicant, have read and understand the above provisions and requirements of Oakland Township Ordinance No. 95 regarding the regulation of solicitor activities in the Township, and I will provide other information the Township requests and deems necessary, in its reasonable discretion, to discover the truth of matters required to be set forth in this application or required by Township ordinances.

Yes\_\_\_\_\_ No\_\_\_\_\_

I, the undersigned applicant, hereby swear all of the statements, answers and information I have provided in or as a part of this application are true, accurate and complete to the best of my knowledge. I understand and acknowledge any falsehoods or misrepresentations contained in such statements, answers or information, can be the cause of a denial of the requested certificate of registration and cause for the revocation of any certificate of registration issued to the applicant under Charter Township of Oakland Ordinance No. 95.

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

Print Name:\_\_\_\_\_

Acknowledged before me on:\_\_\_\_\_

By:\_\_\_\_\_

Notary Public

\_\_\_\_\_County, Michigan My commission expires:\_\_\_\_\_

**SECTION B: To be filled out by a supervising adult ONLY if the applicant is a person under the age of eighteen.**

Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Current Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Length of time residing at current address:

Years: \_\_\_\_\_ Months: \_\_\_\_\_

If less than three years at current address(es), list prior addresses:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

A separate written proof verifying age must be submitted by attachment to this application. (ie, Birth Certificate or sworn affidavits)

Company Information:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Length of Employment:

Years: \_\_\_\_\_ Months: \_\_\_\_\_

List the name and addresses of all employers in the last three years:

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Detailed description of all subject matter you wish to solicit:

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Period of time (up to 60 days) certificate of registration is needed: \_\_\_\_\_

Have you of the firm/group you represent ever applies for a certificate of registration in the past? \_\_\_\_\_

If yes, when and for what purpose: \_\_\_\_\_

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Was the permit revoked, if so, when and why? \_\_\_\_\_

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

Have you ever been convicted of a crime (misdemeanor, felony, etc.)? \_\_\_\_\_

If yes, identify each criminal conviction, the date, convicting court and the charged crime for each conviction: \_\_\_\_\_

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Have you ever been arrested for any crime involving homicide, criminal sexual conduct, kidnapping, robbery, robbery, assault/battery, use of a firearm, fraud, extortion, dishonesty, false statement, or any felony offense involving the illegal entry into a residential structure of damage to real or personal property, irrespective of whether or not there was a resulting conviction for any such arrest? \_\_\_\_\_

If yes, identify each crime arrested for, the arresting agency for each arrest and the date of the arrest: \_\_\_\_\_

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**Attach:** A copy of the applicant's driver's license to the application. If the applicant does not have a driver's license, a 2"x 2" sized photograph showing head and shoulders must be provided.

**Note:** It is unlawful for any person under the age of eighteen to solicit unless accompanied by a supervising adult. The supervising adult will need to have filled out, and signed Section B of the application, as well as, been approved and issued a certification of registration.

I, the supervising adult of the undersigned applicant, have read and understand the above provisions and requirements of Oakland Township Ordinance No. 95 regarding the regulation of solicitor activities in the Township, and I will provide other information the Township requests and deems necessary, in its reasonable discretion, to discover the truth of matters required to be set forth in this application or required by Township ordinances.

Yes \_\_\_\_\_ No \_\_\_\_\_

I, the supervising adult of the undersigned applicant, hereby swear all of the statements, answers and information I have provided in or as a part of this application are true, accurate and complete to the best of my knowledge. I understand and acknowledge any falsehoods or misrepresentations contained in such statements, answers or information, can be the cause of a denial of the requested certificate of registration and cause for the revocation of any certificate of registration issued to the applicant under Charter Township of Oakland Ordinance No. 95.

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

Print Name: \_\_\_\_\_

Acknowledged before me on: \_\_\_\_\_

By: \_\_\_\_\_

Notary Public

\_\_\_\_\_ County, Michigan My commission expires: \_\_\_\_\_