

**CITY OF ST. CLAIR SHORES**

27600 Jefferson Circle Drive  
St. Clair Shores, MI 48081  
586-447-3340; 586-445-4098 (fax)  
www.stclairshores.com

**Parade Vendor License Application**

In accordance with the provisions of the ordinance (Sec. 19.360) of the City of St. Clair Shores, I hereby make application for permission to sell merchandise in the City of St. Clair Shores Memorial Day Parade.

Organization \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone/Cell/Pager \_\_\_\_\_

Applicant \_\_\_\_\_ Driver's License # \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone/Cell/Pager \_\_\_\_\_

Email Address \_\_\_\_\_ Company Website (if applicable) \_\_\_\_\_

Proposed Location \_\_\_\_\_  
*(Notarized authorization required from property owner to include lot number and subdivision.)*

List all merchandise to be offered for sale: \_\_\_\_\_

Health Department Temporary Food Permit (circle one) Yes N/A

Michigan Tax I.D. # \_\_\_\_\_ Veteran Paperwork Attached (circle one) Yes N/A

• All licensing fees are double the original amount if a parade vendor license is not secured before the day of the parade. Parade route will be monitored by the St. Clair Shores Police Department and the Macomb County Health Department. Authorized parade personnel will collect fees and penalties (double the original fee) on the day of the parade.  
 • Sale of perishable goods requires a permit from the Macomb County Health Department..  
 • Authorized parade personnel, St. Clair Shores Police Department, and the Macomb County Health Department reserve the right to prohibit the sale of questionable/problematic merchandise.  
**SILLY STRING, SNAPS AND SIMILAR PRODUCTS ARE STRICTLY PROHIBITED\*.**  
  
**\*FAILURE TO COMPLY SHALL RESULT IN THE IMMEDIATE REVOCATION OF THIS LICENSE AND ALL VENDING PRIVILEGES HEREIN GRANTED.**

I hereby certify that the information provided herein is true, accurate and complete.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Fee \$40 (includes one I.D. button) \_\_\_\_\_

Receipt # \_\_\_\_\_

No. of I.D. Buttons \_\_\_\_\_

<b>Attached</b>	
CC: Applicant's Driver's License	_____
Veteran Paperwork (if appl.)	_____
Health Depart. Permit (if appl.)	_____

*Continued from other side.*

**List each person who will be representing your organization at the parade.**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_