



**APPLICATION FOR LICENSE
CITY OF SOUTHFIELD, COUNTY OF OAKLAND, MICHIGAN**

FEE: _____

DATE: _____

1. I (We) hereby apply for a license to operate a _____
(Type of Business) (Location of Sale)
in the City of Southfield, pursuant to provisions of applicable Ordinance.
2. NAICS: _____
3. Name of Applicant: _____ Date of Birth: _____
4. Address: _____ City: _____ State: _____ Zip: _____
5. Home Phone No.: (____) _____ Business Phone No.: (____) _____
6. Cell Phone No.: (____) _____ FAX No.: (____) _____
7. E-Mail Address: _____ Website: _____
8. Social Security No.: _____ - _____ - _____ Drivers. License No.: _____
9. Federal Tax I.D. No.: _____
10. Vehicle's Year, Make & Model: _____ License. Plate No.: _____
11. I (We) have/have not been convicted of a crime, misdemeanor or violation of any Municipal Ordinance.
(Includes APPLICANT and LOCAL MANAGER with complete details of any conviction):

12. It will be operated as a Corporation _____ Partnership _____ LLC _____
13. Name of Business _____
14. Address of Business: _____
15. Description of Business: _____
16. Number of full-time employees: _____ Number of part-time employees: _____
17. Have you solicited under this or any other business name in Oakland County?

18. Do you own the company? YES _____ NO _____ If not, please provide the following:
Owner's Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
19. Are you a women/minority owned business: YES _____ NO _____
20. Emergency Contact Name: _____ Phone Number: _____
On-site Contact Name: _____ Phone Number: _____

21. Hours and Days of Operation: _____

22. Do you store hazardous or flammable materials? YES _____ NO _____

23. Insurance:

Type: **Policy #:** **Certificate #:** **Issuer:** **Exp. Date:**

24. Have you ever had a business license suspended or revoked? YES _____ NO _____

If so, please provide the reason: _____

If Applicable:

Lawn Care

Snow Removal

No. of Vehicles _____

No. of Vehicles _____

Vending Machines: No. of vending machines: _____

Location of machines (attach separate sheet)

Class I Operator Y / N

Class II Operator Y / N

A Class I Operator operates vending machine(s) at location other than their own place of business. A Class II Operator operates vending machines in their own place of business.

Tree Service:

Will you be Tree Trimming _____ Tree Transplanting _____ Tree Removal _____ Land clearing or Grubbing _____

Did you receive a copy of the City's Woodlands and Tree Preservation Ordinance? Y / N

Taxi Cabs:

Cab No. _____

Have you previously held a public carrier registration plate (bond plate)? Y / N

If yes, Where and When _____

Have you previously held a public vehicle license? Y / N

If yes, Where and When _____

Signature of Applicant

On this ____ day of _____ 20__ before me personally appeared _____
who being duly sworn, deposes and says that the statements and answers contained therein are true.

My Commission Expires

Notary Public, Oakland County, Michigan

APPROVED BY:

Building Department

Fire Department

_____ Police Department _____

_____ Mayor's Office _____

Please mail completed application to City of Southfield, Attn: City Clerk's Office, 26000 Evergreen Road, Southfield, MI 48076

File: L/Planning/Business Development/Bus Dev/Business Licensing/Proposed Application

POLICE RECORD CHECK

The following information is being requested so that a complete and accurate record check on both your driving and criminal record can be obtained.

NAME _____
(Last) (First) (Middle)

DATE OF BIRTH _____ RACE _____ SEX _____

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

SOCIAL SECURITY NUMBER _____ US CITIZEN? Yes _____ No _____

DRIVER'S LICENSE NUMBER _____ EXPIRES WHEN? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes _____ No _____ IF YES, EXPLAIN

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR? Yes _____ No _____ IF YES, EXPLAIN

HAVE YOU EVER BEEN ADDICTED TO ALCOHOL OR DRUGS? _____

HAVE YOU EVER USED ANY OTHER NAME THAT THE ONE YOU ARE NOW USING? _____

IF SO, WHICH NAME(s) _____

I hereby certify that the above information is true and any false statement of facts will result in denial of application.

DATE: _____ SIGNATURE _____