

Business Information

Business Name: _____

Business Address / Telephone: _____

Hours of operation: _____ Length of Sale activity (dates): _____

Describe the route to be followed: _____

Vehicle: _____
Year / Make / Model VIN License Plate Number

Vehicle owner: _____
Name Residential Address

"Mechanically Sound" Certificate submitted: ☐ Yes ☐ No Dated within past 90 days: ☐ Yes ☐ No

Describe the product(s) or service(s) involved with this activity: _____

Will a minor between 14 and 17 years of age conduct any selling or peddling?

☐ Yes ☐ No

If yes, an approved copy of State Department of Labor Form L52 showing the approved hours of work and the type of selling or peddling, shall be attached to the application. Appropriate working papers shall be filed at the time of application for all persons under the age of 17 years.

NOTE – All persons working in a Street Vendor capacity shall be licensed. All applicants shall provide a passport-style 2"x2" photograph showing head and shoulders.

Type: ☐ Individual ☐ Partnership ☐ Corporation ☐ Foreign Corporation ☐ Firm ☐ Association

If Business is an Individual:

Name: _____ Business Title: _____
Last First

Residential Address: _____
Street Address City State ZIP Date of Birth

Telephone: Mobile _____ Residence _____ Email: _____

If Business is a Partnership: Partner "A"

Name: _____ Business Title: _____
Last First

Residential Address: _____ Date of Birth: _____
Street Address City State ZIP

Telephone: Mobile _____ Residence _____ Email: _____

If Business is a Partnership: Partner "B" Attach additional sheets as required

Name: _____ Business Title: _____
Last First

Residential Address: _____ Date of Birth: _____
Street Address City State ZIP

Telephone: Mobile _____ Residence _____ Email: _____

If Business is a Corporation:

Name of Business: _____

Business Address: _____
Street Address City State ZIP

Date and State whose laws organized the Corporation: _____

Must list name, address, and title of each Corporate Officer. Attach additional sheets as required.

Name: _____ Title: _____
Last First

Residential Address: _____
Street Address City State ZIP

Name: _____ Title: _____
Last First

Residential Address: _____
Street Address City State ZIP

If Business is a Foreign Corporation:

Authorized to conduct business in Michigan: ☐ Yes ☐ No (must checkmark one box)

Name of Principal Officer / Director: _____

Residential Address: _____
Street Address City State ZIP

Business Address: _____
Street Address City State ZIP

Criminal Conviction(s) Statement - Required

Has any person having an interest in this business been convicted of a crime: ☐ Yes ☐ No

If yes, describe. Attach additional sheets to describe each individual and each conviction.

Office Use Only

Building Department investigation: ☐ **Approved** ☐ **Denied** ☐ **N/A** **Date:** _____

Fire Department investigation: ☐ **Approved** ☐ **Denied** ☐ **N/A** **Date:** _____

Required: Police Department investigation: ☐ **Approved** ☐ **Denied** **Date:** _____

Other Department: _____ ☐ **Approved** ☐ **Denied** ☐ **N/A** **Date:** _____

Notes: _____

Office of City Clerk: ☐ **Approved** ☐ **Denied** _____
Signature Date

License number: _____ Date issued: _____ Expiration: December 31, _____

NOTE – All applicants / licensees shall provide a passport-style 2"x2" photograph showing head and shoulders.

The issued license shall show the name, address and photograph of licensee.