



City of Southfield

26000 Evergreen Road • P.O. Box 2055 • Southfield, MI 48037-2055 • www.cityofsouthfield.com

Dear Applicant,

When applying for an Event Vendor License with the City of Southfield, please have the following when you return your application to the Clerk's office.

- Application Fee: -subject to change
 - \$50 per week
 - \$200 every six months
 - \$300 per year
- Administrative Application Fee (\$18-Subject to Change)
- Copy of Food Service License (if applicable)
- Copy of Valid and Current MI Sales Tax License
- Proof of General Liability Insurance for \$1,000,000.00 (Naming the City of Southfield)
- Application:
 - Photos of Vendor Booth
 - Notarized
- Police Records Check Application (completed by owner)
- Copy of Driver's License (front and back)
- Copy of site plan

The City of Southfield Event Vendor License Application must be filled out by each applicant and returned to the City Clerk's Office. Once all the information required is received an investigation will begin. The investigation cannot begin until all documents are received and all necessary fees are paid.

Once your applications are received you will be contacted by a representative from the Police Department to conduct their investigation. Inspectors from the Building Department and Planning will also be coming out to do inspections. You will be contacted by the City Clerk's Office once a decision regarding your application has been made. If you have any questions you may contact the Clerk's office at (248)796-5150.

12. Form of Business:

- a. Sole Proprietorship
- b. Partnership
- c. Privately-Held
- d. Publicly-Held
- e. Limited-Liability

13. Do you own the company? Yes No If you are not the owner, please provide the following:

Owner's Name:

Owner's Address:

Number & Street

City/State

Zip Code

14. Name of Event: _____

- a. Location of Event: _____
- b. Brief Description of vending activity to be conducted, including methods to be used and a description of the types of goods and services. _____

- c. Date(s) of event(s): _____
- d. Hours of operation: _____
- e. On-site Manager: _____
On-site Manger Phone Number: (____) _____ - _____

15. Have you been convicted of a felony, misdemeanor or a violation of any Municipal Ordinance?

Yes: No:

16. If the answer to question 15 is "yes", please explain in detail: _____

17. Have you solicited under this or any other business name in Oakland County?

Yes No

18. If the answer to question 17 is “yes” please provide the business name:

19. Have you ever had a government issued license suspended or revoked?

Yes: ___ No: ___

20. If the answer to question 19 is “yes”, please explain in detail: _____

21. Are you a woman/minority owned business: Yes ___ No ___

22. Emergency Contact Name: _____

Emergency Contact Telephone Number: (____) _____ - _____

I hereby authorize the City of Southfield, its agents and employees, to seek information and conduct an investigation into the truth of the statements set forth in this application and the qualifications of the applicant for the license, and I will execute waivers or authorization for the release of information upon request.

State of Michigan)

) ss.

County of Oakland)

I, _____, hereby declare under penalty of perjury, that the foregoing information in this application is true and correct and understand any falsification or omission is grounds for denial or if issued a license, grounds for revocation or recommendation for non-renewal.

Signature

On the _____ day of _____, 20____,
_____, did appear personally before me, a Notary Public, in and for the said County, and being duly sworn by me, did state (s)he is the applicant of the within application, and that the information contained within the application is true, correct and complete.

Notary Public
Oakland County, Michigan
My Commission Expires: _____

Name and address of person making out foregoing application, if not made out by the applicant:
Name: _____
Address: _____
Telephone Number: (_____) _____ - _____