



# City of Southfield

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26000 Evergreen Road • P.O. Box 2055 • Southfield, MI 48037-2055 • [www.cityofsouthfield.com](http://www.cityofsouthfield.com)

Dear Applicant,

When applying for an Business 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
- Surety Bond- see fee schedule
- Application:
  - Notarized
- Police Records Check Application (completed by owner)
- Copy of Driver's License (front and back)
- 2 Passport Photos

The City of Southfield Business 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 an investigation. Inspectors from the Building, Planning and Fire Departments 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.



11. Federal Tax ID: \_\_\_\_\_

12. Vehicle Information:

a. Year: \_\_\_\_\_ b. Make: \_\_\_\_\_ c. Model: \_\_\_\_\_

d. License Plate No: \_\_\_\_\_ e. No. of Vehicles: \_\_\_\_\_

13. Michigan Sales Tax License Number: \_\_\_\_\_

14. Form of Business:

a. \_\_\_ Sole Proprietorship

b. \_\_\_ Partnership

c. \_\_\_ Privately-Held

d. \_\_\_ Publicly-Held

e. \_\_\_ Limited-Liability

15. 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

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

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

17. If the answer to question 14 is "yes", please explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

19. If the answer to question 16 is "yes" please provide the business name:

\_\_\_\_\_

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

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

21. If the answer to question 19 is "yes", please explain in detail: \_\_\_\_\_

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22. Are you a woman/minority owned business? Yes \_\_\_ No \_\_\_

23. Emergency Contact Name: \_\_\_\_\_

Emergency Contact Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

24. Hours and Days of Operation:

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

\_\_\_\_\_

25. Do you store hazardous or flammable materials? Yes \_\_\_\_\_ No \_\_\_\_\_

26. Insurance:

Type: \_\_\_\_\_ Issuer: \_\_\_\_\_

Policy #: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

27. Tree Service: Please check all applicable services

\_\_\_ Tree Trimming      \_\_\_ Tree Transplanting      \_\_\_ Tree Removal

\_\_\_ Land Clearing or Grubbing

Did you receive a copy of the City's Woodlands and Tree Preservation Ordinance? Yes \_\_\_ No \_\_\_

28. Snow Removal: Number of Vehicles: \_\_\_\_\_

29. Vending Machines: Number of vending machines: \_\_\_\_\_

a. Location of Machines: (attach separate sheet)

b. Class I Operator: \_\_\_\_\_ (Definition: operates vending machine(s) at location other than their own place of business)

c. Class II Operator: \_\_\_\_\_ (Definition: operates vending machines in their own place of business)



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: \_\_\_\_\_

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Name and address of person making out foregoing application, if not made out by the applicant:

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

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

