

City of Southfield

26000 Evergreen Road ●P.O. Box 2055 ● Southfield, MI 48037-2055 ● 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
- Certificate of Liability Insurance
- Application:
 - Notarized
- Police Records Check Application (completed by owner)
- Copy of Driver's License (front and back)
- 2 Passport Photos-for the following licenses:
 - o Fireworks
 - o Garbage/Rubbish Collectors
 - o Ice Cream Trucks
 - Solicitation
 - Vendors

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.



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Application for Business License

Fee: \$		Date of Application:/				
Type of Business:		-				
1. Name of Business:		· · · · · · · · · · · · · · · · · · ·				
2. Address of Business:						
Number & Street	City/State	Zip Code				
3. Description of Business: _						
4. Name of Applicant/Owner:						
First Name	Middle Name	Last Name				
5. Mailing Address of Applica	ant/Owner:					
Number & Street	City/State	Zip Code				
6. Telephone Number: (_)					
7. Email Address:						
8. List of all of other names used by applicant/owner at any other time:						
9. Social Security Number of	Applicant:	Date of Birth:/				
10. Driver's License Number:		Expiration Date: / /				

11.	Federal Tax ID:					
	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:					
	aSole Proprietorship					
	bPartnership					
	cPrivately-Held					
	dPublicly-Held					
	eLimited-Liability					
15.	Do you own the company? Yes	No If you are not the owner, please provide the followin				
	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 16 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 18 is "yes" please provide the business name:					
20	Have you ever had a government issu	ed license suspended or revoked?				
_0.	Yes No					
21.	If the answer to question 20 is "yes"	please explain in detail:				

22. Are you a woman/minority owned business? Yes No						
23. Emergency Contact Name: Emergency Contact Telephone Number: ()						
24. Hours and Days of Operation:						
	day Sunday					
25. Do you store hazardous or flammable materials? Yes No						
26. Insurance:						
Type: Issuer:						
Policy #: Certificate #:						
Expiration Date:						
Tree Service: Please check all applicable services						
Tree Trimming Tree Transplanting Tree Remov	/al					
Land Clearing or Grubbing						
Did you receive a copy of the City's Woodlands and Tree Preservation Ordin	ance? 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) their own place of business)	at location other than					
c. Class II Operator: (Definition: operates vending machines business)	in their own place of					



POLICE RECORD CHECK

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

Last Name	First Name		Middle Name
Date of Birth//	Race	Gender:	
Height:in.			
Eye Color:			
Social Security Number:		U.S. Citizen? Yes	_ No
Driver's License Number:			
Have you ever been convicted of			
Have you ever been convicted of	`a misdemeanor? \	Yes No If yes, please	explain
Have you ever been addicted to a	alcohol or drugs?	Yes No	
Have you ever used any other name	me than the one you	u are now using? Yes	No
If yes, which name(s)			
I hereby certify that the above infapplication.	formation is true an	d any false statement of facts	s will result in denial of
Signature		Date/	·

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: (_____) ____-

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