



# 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
- Certificate of Liability Insurance (as applicable)
- 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. Fire Department approval requires that all listed inspection violations are corrected before approval. 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.



26000 Evergreen Road  
P.O. Box 2055  
Southfield, MI 48037-2055

## 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 Applicant/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: \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)



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: \_\_\_\_ ft. \_\_\_\_ in. Weight: \_\_\_\_ lbs. Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ U.S. Citizen? Yes \_\_\_ No \_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a misdemeanor? Yes \_\_\_ No \_\_\_ If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been addicted to alcohol or drugs? Yes \_\_\_ No \_\_\_

Have you ever used any other name than the one you are now using? Yes \_\_\_ No \_\_\_

If yes, which name(s) \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

