



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:
 - Fireworks
 - Garbage/Rubbish Collectors
 - 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.

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 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 issued license suspended or revoked?

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:

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: _____

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

Name: _____

Address: _____

Telephone Number: (____) _____ - _____

