

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
 - o \$50 per week
 - o \$200 every six months
 - o \$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:
 - o Photos of Vendor Booth
 - o 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.



26000 Evergreen Road P.O. Box 2055 Southfield, MI 48037-2055 Place 2" by 2" color front face photo

Application for an Event Vendor License

Date of Application:/							
Ty	pe of Business:						
1.	Name of Business:						
2.	Address of Business:						
Nu	mber & Street	City/State	Zip Code				
3.	Name of Applicant:						
 Fir	st Name	Middle Name	Last Name				
4.	Mailing Address of Applicant	:					
 Nu	mber & Street	City/State	Zip Code				
5.	Telephone Number: ()					
6.	Email Address:						
7.	7. List of all of other names used by applicant/owner at any other time:						
8.	Social Security Number of A	pplicant:	Date of Birth://				
9.	9. Driver's License Number:		Expiration Date://				
10.	Federal Tax ID:						
11	Michigan Sales Tax License N	Number:					

12. Form	of Business:								
a.	Sole Proprietorship								
b.	bPartnership cPrivately-Held								
c.									
d.	Publicly-Held								
e.	Limited-Liability								
13. Do you	u own the company? Yes _	No If you are not the own	er, please provide the following:						
Owner	r's Name:	the Proprietorship thership vately-Held blicly-Held mited-Liability e company? Yes No If you are not the owner, please provide the follows: ess: est							
Owner	r's Address:								
Numbe	er & Street	City/State	Zip Code						
14. Name	of Event:								
a.	Location of Event:								
b.	Brief Description of vendi	ing activity to be conducted, includi-	ng methods to be used and a						
	description of the types of	goods and services							
	·	·							
c.	Date(s) of event(s):								
d.	d. Hours of operation:								
e.	On-site Manager:								
	On-site Manger Phone Nu	ımber: ()	-						
15. Have y	you been convicted of a felo	ony, misdemeanor or a violation of a	ny Municipal Ordinance?						
Yes: _	No:								
16. If the a	answer to question 15 is "ye	s", please explain in detail:							
17 Haves	you solicited under this or a	ny other business name in Oakland (County?						
·		ly other ousiness name in Oakland	Sounty:						
	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?
17.	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: () -



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.	Weight:	lbs.	Hair Color:	
Eye Color:				
Social Security Number:		U.	S. Citizen? Yes_	No
Driver's License Number:		Expir	ation Date/_	/
Have you ever been convicted of	a felony? Yes 1	No	If yes, please exp	olain
Have you ever been convicted of	a misdemeanor? Yes	s No	If yes, please	e explain
Have you ever been addicted to a	lcohol or drugs? Ye	s 1	No	
Have you ever used any other na	me than the one you a	are now t	using? Yes N	No
If yes, which name(s)				
I hereby certify that the above inf	formation is true and a	any false	statement of fact	s will result in denial o
application.				
Signature		T	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 ______, 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