



# 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 a Food Truck License with the City of Southfield, please have the following when you return your application to the Clerk's office.

Application Fee: \$150

\_\_\_\_\_ State of Michigan Special Transitory Food Unit License (STFU)

\_\_\_\_\_ Copy of Oakland County Health Department License

\_\_\_\_\_ 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:

\_\_\_\_\_ Photos of Food Trucks

\_\_\_\_\_ Notarized

\_\_\_\_\_ Police Background Check Application

\_\_\_\_\_ Copy of government-issued ID

\_\_\_\_\_ Permission to use the property where the vending activity will occur

Building Department Fee: \$40-Copy of location via Google Maps (marking showing location of truck on property)

The City of Southfield Food Truck 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. **It will take us 10 to 20 business days to process applications once all information has been received.**

Once your applications are received you will be contacted by a representative from the Police Department to conduct their investigation. You will be contacted by the City Clerk's Office once a decision regarding your application has been made. **Please keep a copy of the license prominently displayed on your vehicle.** 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 Food Truck License

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Name of Applicant:

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First Name	Middle Name	Last Name
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2. Mailing Address of Applicant:

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Number & Street	City/State	Zip Code
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3. Telephone Number of Applicant: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

4. Email Address of Applicant: \_\_\_\_\_

5. List of all of other names used by Applicant at any other time: \_\_\_\_\_

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6. Social Security Number of Applicant: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

7. Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

8.

9. Federal Tax ID: \_\_\_\_\_

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

11. Location of Food Truck: \_\_\_\_\_

a. Brief Description of vending activity to be conducted, including methods to be used and a description of the types of goods and services. \_\_\_\_\_

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

b. Date(s) of event(s): \_\_\_\_\_

c. Hours of operation: \_\_\_\_\_

12. Truck information: Number of trucks: \_\_\_\_\_ (Attach a picture of the Food Truck(s))

Truck #1

a. Year: \_\_\_\_\_

b. Make: \_\_\_\_\_

c. Model: \_\_\_\_\_

d. License Plate Number: \_\_\_\_\_

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Truck #2 (if applicable)

a. Year: \_\_\_\_\_

b. Make: \_\_\_\_\_

c. Model: \_\_\_\_\_

d. License Plate Number: \_\_\_\_\_

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

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

14. If the answer to question 12 is "yes", please explain in detail: \_\_\_\_\_

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

15. Name of Business: \_\_\_\_\_

16. Address of Business:

\_\_\_\_\_

Number & Street

City/State

Zip Code

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

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

18. If the answer to question 16 is "yes", please explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. Number of employees on each truck: \_\_\_\_\_

*(each truck must have at least one individual over the age of 18 on the truck at all times)*

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

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

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

\_\_\_\_\_

22. Form of Business:

a. \_\_\_\_\_ Sole Proprietorship

Please provide the following information for the letters b thru e:

b. \_\_\_\_\_ Partnership - Name and address of each partner

c. \_\_\_\_\_ Privately-Held Corporation - Name and address of each corporate officer, member of the board of directors, and stockholders and a copy of the articles of incorporation shall be attached to the application.

d. \_\_\_\_\_ Publicly-Held Corporation -The name and address of each corporate officer, member of the board of directors and each stockholder who owns ten (10) percent or more of the corporate stock shall be listed on the application.

e. \_\_\_\_\_ Limited-Liability Company - the name and address of each member, manager and assignee of a membership interest; the articles of incorporation shall be attached to the application.

Photo of Food Truck(s)

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.

*I agree and will hold harmless and indemnify the City of Southfield, its officials, officers, employees, and agents against any claims for damage or liability to property or injury to persons which may occur as a result of any activity carried on under the terms of this license.*

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.

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



**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.

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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 \_\_\_\_\_

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

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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 \_\_\_\_/\_\_\_\_/\_\_\_\_



