

CITY OF MADISON HEIGHTS

DATE _____ **TEMPORARY/SEASONAL BUSINESS LICENSE** **LICENSE NO.** _____

TYPE OF BUSINESS: Outdoor Sales _____ Mobile Food Vendor _____ Christmas Tree Lot _____
Snow Removal _____ Lawn Spraying _____ Special Event _____

BUSINESS NAME _____

ADDRESS OF BUSINESS _____ **TELEPHONE** _____

LIST OF ITEMS TO BE SOLD _____

DATES OF SALE/ACTIVITY _____

NAME OF APPLICANT _____ **TELEPHONE** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

BIRTH DATE _____ **DRIVER'S LICENSE #** _____

ANY CONVICTION OF A CRIME, MISDEMEANOR OR MUNICIPAL ORDINANCE: No _____ Yes _____

IF YES, GIVE DETAILS _____

MANAGER'S NAME _____ **ADDRESS** _____

MANAGER'S BIRTH DATE _____ **MANAGER'S DRIVERS LICENSE #** _____

ANY CONVICTION OF A CRIME, MISDEMEANOR OR MUNICIPAL ORDINANCE: No _____ Yes _____

***LETTER FROM LAND OWNERS GIVING APPROVAL ATTACHED** _____

SUBMIT ON SEPARATE SHEET OF PAPER A SITE DRAWING INCLUDING LOCATION OF BUILDINGS, SIDEWALKS, PARKING AREAS, ENTRANCE DRIVES, BUILDING ENTRANCES, DISPLAY AND SALES AREA.

FOR SPECIAL EVENTS, SUBMIT A LIST OF ANY OUTSIDE VENDORS WITH CONTACT INFORMATION.

BUILDING OWNER ADDRESS _____

BUSINESS LICENSE FEE: _____ **\$100.00** _____ **CASH BOND DEPOSIT:** _____ **\$ 100.00** _____
(Required if not property owner)

APPLICANT'S NAME -PRINTED

APPLICANT'S SIGNATURE

OFFICE USE ONLY:

DEPARTMENT APPROVALS:

RECEIPT NO. _____

LICENSE ISSUED _____

TREASURERS _____

POLICE DEPT. _____

FIRE DEPT. _____

C.E.D. DEPT. _____

HEALTH DEPT. _____