

CITY OF MADISON HEIGHTS**TEMPORARY/SEASONAL BUSINESS LICENSE**

LICENSE NO. _____

DATE _____

TEMPORARY/SEASONAL BUSINESS LICENSE

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. _____

TREASURERS _____

LICENSE ISSUED _____

POLICE DEPT. _____

FIRE DEPT. _____

C.E.D. DEPT. _____

HEALTH DEPT. _____