

CITY OF EASTPOINTE

23200 Gratiot
Eastpointe, MI 48021
586-445-5026 x2202

Approvals (For Office Use Only)	
Building:	_____
Fire:	_____
Police:	_____
Treasurer:	_____

COIN-OPERATED VENDOR

Business License Application
Fiscal Year July 1/June 30

APPLICATION TO BE COMPLETELY FILLED OUT. PLEASE TYPE OR PRINT.

Initial Application \$31.00

TYPE OF OWNERSHIP OF BUSINESS

Individual _____ Partnership _____ Corporation _____ Otherwise _____

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

BUSINESS PHONE #: _____

TYPE OF BUSINESS: _____

APPLICANT INFORMATION

Applicant's Name		Residential Address	
City	State	Zip Code	Phone Number

Age: _____ Date of Birth: _____ Driver's License #: _____
(written proof)

-PLEASE LIST ANY ALIAS OR ASSUMED NAMES EVER USED: _____

-LENGTH OF TIME YOU HAVE RESIDED IN MICHIGAN: _____

-PLACE OF RESIDENCE FOR THE PAST 10 YEARS IMMEDIATELY BEFORE APPLICATION: _____

-HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ANY CRIME INVOLVING MORAL TURPITUDE?
YES _____ NO _____ IF YES, PLEASE EXPLAIN IN DETAIL:

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**MECHANICAL/ELECTRONIC AMUSEMENT
DEVICES DISTRIBUTOR**

Business License Application
Fiscal Year July 1/June 30

APPLICATION TO BE COMPLETELY FILLED OUT. PLEASE TYPE OR PRINT.

Initial Application/Investigation Fee \$206.00 _____ Renewal \$31.00 _____

TYPE OF OWNERSHIP OF BUSINESS

Individual _____ Partnership _____ Corporation _____ Otherwise _____

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

BUSINESS PHONE #: _____

TYPE OF BUSINESS: _____

APPLICANT INFORMATION

Applicant's Name _____ Residential Address _____

City _____ State _____ Zip Code _____ Phone Number _____

Age: _____ Date of Birth: _____ Driver's License #: _____
(written proof)

-PLEASE LIST ANY ALIAS OR ASSUMED NAMES EVER USED: _____

-LENGTH OF TIME YOU HAVE RESIDED IN MICHIGAN: _____

-PLACE OF RESIDENCE FOR THE PAST 10 YEARS IMMEDIATELY BEFORE APPLICATION: _____

-HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ANY CRIME INVOLVING MORAL TURPITUDE?
YES _____ NO _____ IF YES, PLEASE EXPLAIN IN DETAIL:

-LIST FIVE (5) ADULT REFERENCES WITHIN THE COMMUNITY IN WHICH YOU RESIDE:

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE</u>
1.			
2.			
3.			
4.			
5.			

I, THE UNDERSIGNED, ACKNOWLEDGE THE REQUIREMENTS OF ALL APPLICABLE ORDINANCES AND REGULATIONS OF THE CITY OF EASTPOINTE, AND AGREE TO COMPLY. I HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED IS TRUE, ACCURATE AND COMPLETE; PLUS AUTHORIZE THE CITY AND ITS AGENTS TO CONDUCT AN INVESTIGATION AS REQUIRED BY CITY ORDINANCE CHAPTER 848.

Signature of Applicant Title Date

Signature of Licensing Official Title Date

ADDITIONAL REQUIREMENTS:

- * Written recommendation of at least two (2) residents of the community respecting applicants moral character.
- * The initial application requires fingerprinting of applicant. (Current fee for fingerprinting @ Police Dept. \$20.00)
- * Complete list of locations where devices are installed.

