MOTOR VEHICLE SALES LOT LICENSE APPLICATION

☐ NEW ☐ RENEWAL ☐ TRANSFER

Please Print All Information Date: _____

Business Name: _____

Business Address: _____

_____ _____ _____
(City) **(State)** **(Zip Code)**

Business Telephone Number: _____

FULL Name of Owner(s): _____

Address of Owner(s): _____

_____

Email: _____

Residence Telephone Number(s): _____

Birthdate of Owner(s): _____

Michigan Driver's License No. of Owner(s): _____

Name and address to which any and all correspondence should be directed:

_____

_____

If there are any branch sales lots operated in connection with this business, state address of each:

_____

_____

Name and address of business(es) previously engaged in by applicant:

_____

_____

Proposed hours of operation: _____

I hereby state that I have read the provisions of the applicable Township Ordinance, and I fully understand the terms of same and know that I must comply with it and all other Township Ordinances and State Laws pertaining to the operation of a business in the Charter Township of Clinton.

FULL Name (Signed): _____

FULL Name (Printed): _____ _____ _____
(First) **(MIDDLE)** **(Last)**

License Fee: $25.00 **Bond:** $100 with original application
Transfer Fee: $5.00 with new application **Renewal Fee:** $25.00
Term of License: November 31st each year

Make check payable to: Clinton Township

AUTHORIZATION FOR RELEASE OF ALL INFORMATION

TO WHOM IT MAY CONCERN:

You are hereby authorized and requested to furnish and release to the Clinton Township Police Department or their representative any and all information which may be requested relative to me, past or present, and to furnish copies of any and all records which you may have concerning me.

I hereby expressly waive any and all privilege which otherwise might attach to such communication or disclosure.

Photostatic copy of this authorization may be used in place and instead of the original.

Applicant's FULL Name (Signature):_____
(First) (Middle - Please!) (Last)

Applicant's FULL Name (Printed):_____ _____ _____
(First) (Middle - Please!) (Last)

Birthdate:_____

Michigan Driver's License Number:_____

IF MORE THAN ONE APPLICANT, PLEASE COMPLETE THE FOLLOWING FOR THE SECOND APPLICANT:

Applicant's FULL Name (Signature):_____
(First) (Middle - Please!) (Last)

Applicant's FULL Name (Printed):_____ _____ _____
(First) (Middle - Please!) (Last)

Birthdate:_____

Michigan Driver's License Number:_____

Witnessed by:_____

Dated:_____

Return Application, Check and Authorization for Release Form to:

KIM MELTZER, CLERK
Charter Township of Clinton
40700 Romeo Plank Road
Clinton Township, MI 48038