USED CAR SALES LOT LICENSE APPLICATION

NEW RENEWAL **TRANSFER** Please Print All Information Date: **Business Name: Business Address:** (State) (Zip Code) (City) Business Telephone Number: FULL Name of Applicant: Address of Applicant:_____ Residence Telephone Number(s): Birthdate: Michigan Driver's License Number: Name and address to which any and all correspondence should be directed: Proposed hours of operation: Are there any branch sales lots operated in connection with this business? Yes No If yes, state address of each: Name and location of business(es) previously operated by applicant: 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 relative to the operation of a business in the Charter Township of Clinton. FULL Name (Signed): FULL Name (Printed):___ (MIDDLE) (First) (Last)

License Fee: \$25.00 Bond: \$100.00 with original application

Transfer Fee: \$25.00 with new application Renewal Fee: \$25.00

Term of License: March 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, APPLICANT:	PLEASE COMPLETE T	HE FOLLOWING FOR	THE SECOND
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 Auth	norization for Release Fo	orm to:	

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

Clinton Township, MI 48038