



West Bloomfield Township
Clerk's Office
4550 Walnut Lake Road
West Bloomfield, MI 48323
(248) 451-4848 Phone
(248) 682-3788 Fax
www.wbtwp.com

Application for Frozen Confection Operator/Employee

License Application Fee: \$50.00

Note: This application is pursuant to the Frozen Confection Vendors Ordinance, Section 17-34 through 17-43. Operator/Employee Licenses expire each December 31st and must be **renewed by May 15th** of each calendar year. **Late Fee: \$25.00**

Name of Operator/Employee: _____ Phone: _____

Michigan Driver's License Number: _____ Date of Birth: _____

Home Address: _____ City/ST/Zip: _____

File the following with the Township Clerk:

- **Copy of Current Driver's License**

Please answer the following questions:

1. Has applicant had a frozen confection vendor's license denied or revoked by West Bloomfield or any other community within a period of (1) year prior to date of application? Yes No
2. Has applicant ever been convicted of operating a motor vehicle while under the influence of liquor? Yes No
3. Has applicant ever been convicted of operating a motor vehicle with and unlawful blood alcohol content? Yes No
4. Has applicant ever been convicted of operating a motor vehicle under the influence of narcotics and/or other controlled substances? Yes No
5. Has applicant ever been convicted of operating a motor vehicle while visibly impaired? Yes No
6. Has applicant ever been convicted of any other offenses pertaining to driving and narcotics and/or controlled substances? Yes No
7. Has applicant ever been convicted of a felony? Yes No
8. Has applicant ever been convicted of any sexual offenses? Yes No

Frozen Confection Company: _____

Name of Owner: _____ Phone: _____

Agency Address: _____ City/ST/Zip: _____

NOTE: This application is pursuant to Section 17, Licensure Requirement and procedure, of the Ordinance to license Frozen Confection Vending. All blanks must be completed in full. Any changes to this information must be reported immediately, in writing, to the Township. License may be revoked by the Township Board for false statements made in the application, or failure to comply with the provisions of Ordinance Code, Chapter 17, a copy of which is issued to applicant.

I certify that the above information is true and correct to the best of my knowledge.

Signature of applicant

Date

Print name of applicant

Date

Signature of Owner of Vending Truck

Date

Signature of Registered Agent of Company

Date

For Office Use Only:

Police Department Approvals

Background/criminal Check _____ Driving Record _____ Finger Prints _____

Township Approval: _____

Debbie Binder, West Bloomfield Township Clerk