



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 Business & Truck Licensing

Business Application Fee: \$150.00

Truck License Fee: \$25.00 per vehicle

Truck Inspection Fee: \$20.00

Note: This application is pursuant to the Frozen Confection Vendors Ordinance, Section 17-34 through 17-43. Business Vehicle Licenses expire each December 31st and must be **renewed by January 31st** of each calendar year. **Late Fee: \$100.00**

Name: _____ Phone: _____

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

Home Address: _____ City/ST/Zip: _____

File the following with the Township Clerk:

1. **Proof of Liability Insurance - \$500,000.00**
2. **Proof of Vehicle Liability Insurance**
3. **Proof of Performance Bond - \$2000.00**
4. **Copy of Current Driver's License**
5. **Certificate of Health Inspection by Oakland County for truck(s)**
6. **Proof of Truck Safety Inspection(s) by Township Representative**

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? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Has applicant ever been convicted of operating a motor vehicle while under the influence of liquor? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Has applicant ever been convicted of operating a motor vehicle with and unlawful blood alcohol content? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Has applicant ever been convicted of operating a motor vehicle under the influence of narcotics and/or other controlled substances? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Has applicant ever been convicted of operating a motor vehicle while visibly impaired? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. Has applicant ever been convicted of any other offenses pertaining to driving and narcotics and/or controlled substances? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. Has applicant ever been convicted of a felony? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. Has applicant ever been convicted of any sexual offenses? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Company

Name: _____ Phone: _____

Company Address: _____ City/ST/Zip: _____

State of Incorporation: _____

Name of Registered Agent of Corporation: _____ Phone: _____

Home Address of Agent: _____ City/Zip: _____

Driver's License Number of Agent: _____

Truck Owner

Name Owner of Truck(s): _____ Phone: _____

Truck Owner's Address: _____ City/ST/Zip: _____

Insurance

Name of Liability Insurance Agent: _____ Phone: _____

Agency Address: _____ City/ST/Zip: _____

Insurance Policy Number: _____ Expiration Date: _____

Fleet (Truck) Insurance Company: _____

Name of Insurance Agent: _____ Phone: _____

Insurance Policy Number: _____ Expiration Date: _____

Number of Trucks and Equipment used in West Bloomfield Township: _____

Year	Make/Model	VIN #	MI License Plate #	Township Assigned License #

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		
<input type="checkbox"/> Background/criminal Check _____	<input type="checkbox"/> Driving Record _____	<input type="checkbox"/> Finger Prints _____

Township Approval: _____
Debbie Binder, West Bloomfield Township Clerk