



**APPLICATION FOR LICENSE OF
SEASONAL BUSINESS**

NAME: _____

PERMANENT ADDRESS: _____

LOCAL ADDRESS: _____

(If none, please give vehicle license plate number, including state)

PHONE NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ **STATE:** _____

(Attach a copy to the license application)

NAME OF FIRM OR CORPORATION REPRESENTED: _____

ADDRESS: _____

GENERAL DESCRIPTION OF BUSINESS: _____

**1. DO YOU HAVE ANY PRINTED MATERIALS WHICH REPRESENTS YOUR
FIRM OR CORPORATION?** _____

(i.e. brochures, business card, etc. Attach copies to the license application.)

2. LOCATION OR ADDRESS OF PROPOSED BUSINESS ACTIVITIES: _____

3. HAVE YOU OBTAINED WRITTEN PERMISSION FROM THE PROPERTY OWNER TO BE AT THIS LOCATION? _____
(You MUST have written permission and attach a copy to this application.)

4. LENGTH OF TIME FOR WHICH SEASONAL BUSINESS IS DESIRED:

Per day _____ x \$35/day = \$ _____
Per week _____ x \$50/week = \$ _____
Per month _____ x \$50/month = \$ _____

****PAYMENT ACCEPTED:** CASH, CERTIFIED CHECK, MONEY ORDER, OR CREDIT CARD

Review of this license application, attached documents, and the law enforcement background check take approximately two (2) business days. Payment will be accepted upon approval, but prior to issuance of license.

CHECK ONE:

_____ NEW APPLICATION

_____ RENEWAL APPLICATION DATE OF LAST LICENSE: _____

I HEREBY AFFIRM THAT THE ABOVE STATEMENTS ARE TRUE.

Signature of Applicant

Date

REMIT TO: City of Springfield, Attn: City Clerk, 601 Avenue A, Springfield, MI 49037

For Office Use Only:

City Clerk's Approval: _____ Date: _____

Zoning Administrator's Approval: _____ Date: _____

Public Safety Department's Approval: _____ Date: _____