



CITY OF CLAWSON APPLICATION INITIAL MERCHANT LICENSE

Date: _____ Fee: \$25.00

I/We, propose to engage in business in the City of Clawson, and in accordance with the City of Clawson's Initial Merchant's License Ordinance of the City Code submit the following information and facts:

Kind of Business: _____ Name of Business: _____

Address: _____

Business Phone #: () _____ Home or Cell Phone #: () _____

Name & Address of Owner (or Officer): _____

Drivers License #: _____

Remarks: _____

Building is rented for _____ Years _____ Months Building is leased for _____ Years

The bulk of the merchandise for this business was secured from the following wholesale, manufacturers or distributors

Previous to this present proposed business engagement I/We, were located as follows:

Kind of Business: _____

Name of Business: _____

Address of Same: _____

Length of Time at this location: _____

CERTIFICATION AND ACKNOWLEDGEMENT

I hereby certify that all of the above information is true and accurate to the best of my knowledge, and further understand and represent that if any changes to the above information are made, that said information will be supplied to the City of Clawson immediately. I further understand that misstatements and inaccuracies in the application are grounds for immediate termination of said license.

I hereby authorize the City of Clawson, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for this license.

Applicant Name(s) : _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

	Approved	Not Approved	Signature
Chief of Police			
Building Inspector			

OFFICE USE ONLY

Approved: Yes No License No. _____ Date Issued: _____ Fee Paid: \$25.00