



APPLICATION FOR INITIAL MERCHANT LICENSE CITY OF CLAWSON

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: _____ Phone: _____

Location or Address: _____

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: _____

Signature of Applicant: _____

STATE OF MICHIGAN)
COUNTY OF OAKLAND) SS.

_____ being duly sworn, deposes and says that _____ has read the foregoing application and that the information contained herein is true and correct.

Notary Public: _____

My Commission Expires: _____

Sworn to and subscribed before me, a Notary Public in and for the County of _____, State of Michigan, this _____ day of _____, 20_____.

	Approved	Not Approved	Signature
Chief of Police			
Building Inspector			

OFFICE USE ONLY

Approved _____ Not Approved _____ License No. _____ Fee Paid \$25.00