

**APPLICATION FOR DANCE HALL, BOWLING ALLEY,
MUSIC HALL, BILLARD ROOM, ETC. PERMIT**

CLERKS USE ONLY

Received: _____ Paid: _____ Check #: _____ Receipt #: _____

Copies Sent to: Building _____	Report Received _____
Fire Dept. _____	Report Received _____
Planning Dept _____	Report Received _____
Police Dept _____	Report Received _____

License Issued: _____ License Number: _____

Contact Person: _____

Address, City, State _____

Telephone No's. _____ Cell: _____

E-Mail Address: _____

In accordance with Ordinance No. 68, the undersigned, after being duly sworn, hereby applies for a License to operate a public _____ at the following location,
(INSERT SPECIFIC TYPE OF LICENSE BEING APPLIED FOR)

(INSERT ADDRESS OF PREMISES)

The undersigned hereby represents and warrants in connection with this Application that:

- A. The applicant is:
A Sole Proprietor A Co-partnership
A Corporation Incorporated in the State of _____.
- B. Attached to this application are two written recommendations from reputable citizens of Waterford Township as to the moral character of the Applicant.
Yes No
- C. In addition to the aforesaid written recommendations the undersigned Applicant submits the following five persons (*include addresses and telephone numbers*) residing in Waterford Township as references:

- D. The name and address of all owners, co-partners, or stockholders of a Corporation and the shares of stock owned by each owner are as follows:

- E. The names and addresses of all Offices of any aforementioned Corporation are as follows:

F. The name, address and age of the person entrusted with the management and operation of the aforesaid Licensed premise is as follows:

Said Manager has resided at the following locations within the preceding Five (5) years of the date of this Application:

G. The following persons named in Sub-Paragraph A thru D, above, have been convicted of the following crimes at the following listed places and upon the following listed dates: (excluding all traffic misdemeanor violations):

H. The telephone number of the business is: _____

I. The exact nature of the business to be conducted on the above premises is:

J. The hours during which the business will be operated are as follows:

K. The dimensions of the above property are as follows:

L. The size and type of building in which such business will be conducted is as follows: _____

M. The Zoning designation of the aforescribed property is: _____

Applicant

Applicant

STATE OF MICHIGAN)

)ss

COUNTY OF OAKLAND)

Sworn and subscribed to before me, a Notary Public, this _____ day of

_____, 20____.

Notary Public, Oakland County, Michigan

My commission expires: _____