

CITY OF MADISON HEIGHTS

DATE 2-21-23

TEMPORARY/SEASONAL BUSINESS LICENSE

LICENSE NO. _____

TYPE OF BUSINESS: Outdoor Sales _____ Mobile Food Vendor _____ Christmas Tree Lot _____

Snow Removal _____ Lawn Spraying _____ Special Event ☒

BUSINESS NAME Madison Heights Citizens United (2023 Madison Heights Juneteenth Celebration)

ADDRESS OF BUSINESS P.O. Box 71276, Madison Heights, MI 48071 TELEPHONE (248) 217-6232

LIST OF ITEMS TO BE SOLD Crafts / apparel / jewelery / food (food trucks) / books / candles

DATES OF SALE/ACTIVITY Saturday, June 17, 2023

NAME OF APPLICANT Kevin Wright TELEPHONE (248) 217-6232

ADDRESS 745 Canterbury Drive CITY Madison Heights ZIP 48071

BIRTH DATE 5-25-63 DRIVER'S LICENSE # W623 465 511 394

ANY CONVICTION OF A CRIME, MISDEMEANOR OR MUNICIPAL ORDINANCE: No ☒ Yes _____

IF YES, GIVE DETAILS _____

MANAGER'S NAME Kevin Wright ADDRESS 745 Canterbury Dr., Mad. Hts, MI 48071

MANAGER'S BIRTH DATE 5-25-63 MANAGER'S DRIVERS LICENSE # W623 465 511 394

ANY CONVICTION OF A CRIME, MISDEMEANOR OR MUNICIPAL ORDINANCE: No ☒ Yes _____

*LETTER FROM LAND OWNERS GIVING APPROVAL ATTACHED _____

SUBMIT ON SEPARATE SHEET OF PAPER A SITE DRAWING INCLUDING LOCATION OF BUILDINGS, SIDEWALKS, PARKING AREAS, ENTRANCE DRIVES, BUILDING ENTRANCES, DISPLAY AND SALES AREA.

FOR SPECIAL EVENTS, SUBMIT A LIST OF ANY OUTSIDE VENDORS WITH CONTACT INFORMATION.

BUILDING OWNER ADDRESS _____

BUSINESS LICENSE FEE: _____ \$100.00 CASH BOND DEPOSIT: _____ \$ 100.00
(Required if not property owner)

Kevin Wright
APPLICANT'S NAME -PRINTED

Kevin Wright
APPLICANT'S SIGNATURE

OFFICE USE ONLY:

DEPARTMENT APPROVALS:

RECEIPT NO. _____

LICENSE ISSUED _____

TREASURERS _____

POLICE DEPT. _____

FIRE DEPT. _____

C.E.D. DEPT. _____

HEALTH DEPT. _____