



SPECIAL EVENT APPLICATION

TEMPORARY USE PERMIT REQUIRED BY CITY CODE OF ORDINANCE
PLEASE CONTACT CLERK'S OFFICE FOR CHARGES PERTAINING TO YOUR EVENT

Please include the following with this application:

- ✓ Copy of State of Michigan License or Permit (If applicable)
- ✓ Copy of Driver's Licenses

OWNER/ASSOCIATED NAMES/CONTACT PERSONS

Name of Business:

Corporation /Other Name:

Business Address:

Suite:

Business Phone:

Business Fax:

Business E-mail:

Business Website:

STATE LICENSES / PERMITS REQUIRED FOR YOUR (IF APPLICABLE, MUST PROVIDE COPY)

Are you required to have a State of Michigan License or Permit for this type of business? ___YES ___NO If yes, please describe:

Type of Permit/license: _____

Permit/Lic #: _____ Date Issued _____ Date Expires _____

AFFIDAVIT AND SIGNATURE

(All Owners/Applicants listed must sign this Application)

I (We) _____ am the OWNER/AGENT of said business making application for this Business Registration Certificate and/or am otherwise an authorized representative of said business. I (We) authorize the verification of the information provided on this application. I (We) am a citizen of the United States of America and otherwise authorized to do business under the laws of the state of Michigan and the United States of America. I (We) depose and state that all of the information provided in the foregoing application is true to the best of my knowledge, information, and belief.

1. Signature of applicant:

Date:

2. Signature of applicant:

Date:

NOTARY ACKNOWLEDGEMENT

STATE OF: _____

COUNTY OF: _____

On this ___ day of _____ 20___ before me personally appeared _____ who being duly sworn, deposes and says that the statements and answers contained therein are true.

My Commission Expires _____

Notary Public, Wayne County, Michigan