



# CITY OF HAZEL PARK APPLICATION FOR ICE CREAM VENDOR LICENSE

## THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION:

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| 1.) <i>Vendor's Driver's License</i>     | 5.) <i>Oakland Co. Health Dept. Tuberculosis Clearance</i>     |
| 2.) <i>Proof of Vehicle Insurance</i>    | 6.) <i>Oakland Co. Health Dept. Ice Cream Truck Inspection</i> |
| 3.) <i>Vehicle Registration</i>          | 7.) <i>Two (2) Current Photos of Vendor</i>                    |
| 4.) <i>Copy of Vendor's Fingerprints</i> | 8.) <i>\$100.00 Application Fee</i>                            |

Vendor's Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

List any previous names, maiden names, or aliases: \_\_\_\_\_

If using an assumed name or DBA, list the name under which you intend to operate: \_\_\_\_\_

Business Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Personal Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Days & Hours of Operation: \_\_\_\_\_

Has the vendor ever had a vendor license revoked, suspended, or denied by a City, County Health Dept., or other entity?  Yes  No

If yes, state nature of revocation, suspension, or denial: \_\_\_\_\_

Has the vendor ever been convicted of a felony?  Yes  No

If yes, state charges, when, and where: \_\_\_\_\_

- I understand that in addition to; 1) this completely and accurately completed form, I must also submit; 2) payment in the amount of \$100.00; 3) a copy of the vendor's Driver's License; 4) proof of vehicle insurance; 5) vehicle registration; 6) copy of vendor's fingerprints; 7) Oakland County Health Dept. Tuberculosis Clearance; 8) Oakland County Health Dept. Ice Cream Truck Inspection Form; and 9) two (2) current photos of vendor.

- I do certify this document to be **TRUE** and **FACTUAL**. I will comply with all federal, state and local legislation, including all provisions of the Hazel Park Municipal Code, under penalty of law. I understand that applying for this license does not grant the right to operate prior to issuance and that to do so is a violation of the HPMC which may result in my prosecution.

- I agree to defend, indemnify, and hold harmless the City of Hazel Park, its officials, officers, employees, and agents against any liability, claims, causes of action, judgements, or expenses, including reasonable attorney fees, resulting directly or indirectly from any act or omission of the licensee, its employees, its subcontractors and anyone for whose acts or omissions they may be liable.

**VENDOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

---For Office Use Only---

\_\_\_\_ Police Dept.

\_\_\_\_\_  
Departmental Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
\$100.00

\_\_\_\_\_  
Invoice #

\_\_\_\_\_  
Amount Paid

\_\_\_\_\_  
Application Date

\_\_\_\_\_  
Initials

**IF ISSUED, Ice Cream Vendor Licenses are valid until April 30<sup>th</sup>.**