

Date _____

License Number _____

**CITY OF STERLING HEIGHTS
APPLICATION FOR MOBILE VENDING**

BUSINESS OWNER'S INFORMATION:

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

OPERATOR'S INFORMATION:

Name _____

Home Address _____

City _____ State _____ Zip _____

Phone No: _____ Birth Date _____

Driver's License No.: _____ Sex: Male _____ Female _____

Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____

VEHICLE INFORMATION:

Please provide a complete description of vending unit _____

License No. _____

**STERLING HEIGHTS POLICE MUST BE CONTACTED FOR VENDING UNIT
INSPECTION AND APPROVED BEFORE LICENSE WILL BE ISSUED**

CONVICTIONS:

Has owner or operator ever been convicted of any offense against the laws of the United States, the laws of the State of Michigan, or the Ordinances of the City of Sterling Heights?

_____ Yes _____ No If Yes, please complete the following:

Nature of Offense _____

Place _____ Date _____

Name and Address of Court _____

Disposition of Case _____

I understand that as an ice cream truck vendor, I am only allowed to solicit for customers on public streets as there is a City ordinance prohibiting driving through City parks soliciting for customers. I certify that all statements on this application are true. I understand that any false information in this application may result in the denial of my license by the City of Sterling Heights. I hereby authorize the Sterling Heights Police Department to conduct a thorough background investigation including criminal background check.

Applicant's Signature

STATE OF MICHIGAN
COUNTY OF MACOMB

On this _____ day of _____, 20____, before me personally appeared _____, who being duly sworn, says that he/she signed the above application and that the statements therein are true.

Notary Public

My commission expires

(OFFICE USE ONLY)

Copy of Chapter 22, Article III
Two Photographs 2" x 2" (head & shoulders) – **no hat or glasses**
Fingerprints
Photocopy of applicant's driver's license
Vending Unit Inspection form approval from Police Department
Health exam by a physician within last 90 days
Background investigation by Police Department
\$228.00 License Fee per Vehicle
Date License Issued
Police Notification

Issued by _____

Approved by _____

PHOTO	<u>FINGERPRINT</u>

**CITY OF STERLING HEIGHTS
PHYSICAL EXAMINATION FORM**

DATE_____

NAME_____ **AGE**_____

ADDRESS_____

NAME OF BUSINESS/ORGANIZATION_____

PAST MAJOR ILLNESSES_____

NEUROPSYCHOLOGIC ILLNESSES_____

PHYSICAL EXAMINATION:

Height_____ Weight_____ BP_____ Pulse_____

GENERAL_____

VISION: Without Glasses: Rt. Eye:_____ Lt. Eye:_____
With Glasses: Rt. Eye:_____ Lt. Eye:_____

DIAGNOSTIC IMPRESSIONS_____

**THIS INDIVIDUAL IS_____ IS NOT_____ MEDICALLY FIT AND FREE OF
ANY INFECTIOUS, CONTAGIOUS OR COMMUNICABLE DISEASE.**

SIGNED:_____

_____ (Print Name)

ADDRESS:_____

**NOTE: Health Examination must have taken place not more than ninety (90) days prior to
filing the Mobile Vendor application with the City Clerk's Office.**