

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 _____

Applicant's Signature

Notary Public

**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.**