

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
- \_\_\_\_\_ \$212.00 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.