

City of Allen Park
Office of the City Clerk
16850 Southfield Road, Allen Park, MI 48101

APPLICATION FOR ICE CREAM VENDOR PERMIT

2009

Name of Business _____

Address of Business _____

Type of Business _____

Business Telephone Number () _____ Extension if applicable _____

Fax Number () _____ E-MAIL _____

Name of Owner (s) _____ Home Telephone () _____

Home Address _____

Name of Local Supervisor (s) _____

Home Telephone () _____

Home Address _____

In case of Fire or Police emergency, person or persons to be contacted who are in the area:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

APPLICANT'S
SIGNATURE _____

AMOUNT OF FEE **\$ 100.00** DATE PAID _____ STAFF INITIALS _____

RECEIPT NO. _____ TAB # _____ LICENSE NUMBER _____