



CITY MANAGER

Robert Binson,
Mayor

Ronald Lapham,
Mayor Pro-Tem

Nicholas Chakur,
Council Member

Mary Hafner,
Council Member

James Reid,
Council Member

Dennis E. Champine,
City Manager/City Clerk

REQUIREMENTS FOR OBTAINING A VENDOR PERMIT FOR THE CENTER LINE INDEPENDENCE FESTIVAL

The following is a list of requirements for obtaining a Vendor Permit for the Center Line Independence Festival:

1. Application for a vendor permit must be filed with the City Clerk's office. All persons to be on site must be listed on the application.
2. A criminal history waiver must be completed for each person listed on the application for the vendor permit. Should there be more persons than spaces provided on the application, please attach a separate sheet with any additional persons and be sure to include their criminal history waiver as well.
3. A copy of your state license (for food and/or sale of merchandise) and proof of liability insurance **must** be provided at the time your application is submitted. If for hot foods, you should also submit a copy of your actual operating license issued by the health department.

License fees are paid upon approval

Tent/booth location	\$250.00 per location
Foot vendors:	\$250.00 per person
Truck/concession stand	\$250.00 per location

NOTE: APPLICATIONS MUST BE RECEIVED BY MUNICIPAL OFFICE STAFF NO LATER THAN 4:30 PM ON FRIDAY, JUNE 16, 2017

If there are any questions, please contact the City of Center Line Municipal Offices at (586) 757-6800 or the Recreation Department (586) 757-1610

City of Center Line
7070 E. Ten Mile Road Center Line, MI 48015
Phone: (586) 757-6800 Fax: (586)755-0790

APPLICATION FOR ANNUAL FESTIVAL VENDOR PERMIT

Applicant's Name: _____

Date of Birth: _____ Home Phone: _____

Driver's License Number: _____

Applicant's Home Address: _____

Assumed or Firm Names: _____

Applicant's Business Address: _____

Business Phone: _____ State Sales Tax License Number: _____

Names and Addresses of all persons to be present:

1. Name _____ Date of Birth: _____
Address _____ Home Phone: _____
2. Name _____ Date of Birth: _____
Address _____ Home Phone: _____
3. Name _____ Date of Birth: _____
Address _____ Home Phone: _____
4. Name _____ Date of Birth: _____
Address _____ Home Phone: _____
5. Name _____ Date of Birth: _____
Address _____ Home Phone: _____
6. Name _____ Date of Birth: _____
Address _____ Home Phone: _____

Location of Business: **City Park** Days: Friday (06/23/17) Saturday (06/24/17) Sunday (06/25/17)

Amount of space needed: _____ Electricity: _____ Water: _____

****While every attempt is made to accommodate all requests, there is no guarantee water or electricity will be at your location due to the volume of vendors.

Nature and quality of goods or service: _____

Manner of Operation _____
Table, Tent, foot, truck, etc.

I hereby certify that the above answers are correct and true.

Applicant's Signature

Date

Subscribed and sworn to before me this _____ day of _____, _____

My Commission Expires _____

Notary Public, County of Macomb, Michigan

APPROVED BY:

DEPARTMENT	SIGNATURE	DATE
Police Dept. Files		
Parks & Rec. Dept.		
City Manager/Clerk		



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I, the undersigned, authorize **City of Center Line** to conduct a criminal history file check by name and identifiers to determine the existence of any arrest resulting in conviction.

Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State: _____

Name of Business: _____

Business Address: _____

Signature of Applicant

Date: _____