

CITY OF OAK PARK
MICHIGAN
PERSONAL LICENSE
(Hawkers or Peddlers of Food or Food Products)

Name

Phone Number

Home Address

License No.

City, Zip Code

Birth Date

Citizen of United States: _____

Birth Place: _____

Have you ever been convicted of a felony and/or misdemeanor? _____

If so, place and date _____

Are you on parole or probation as a result of such violation? _____

Are you addicted to the use of intoxicating liquor or drugs? _____

Education: School _____ Grade Completed _____

State place, occupation and starting/ending dates of employment during past five years:

Type of products to be vended by licensee and name of manufacturer or supplier of said products:

Description of vehicle(s) and/or container checked by health officer to be used:

1st Vehicle – Make, Model & Year

2nd Vehicle – Make, Model & Year

Vin. No. _____

Vin. No. _____

Mich. Lic. Plate # _____

Mich. Lic. Plate # _____

This application for license must be accompanied by two (2) photographs of licensee of passport size and type, a health certificate issued by the Department of Health for Oakland County stating that applicant is free from any contagious and/or infectious disease; and a Food Handlers Permit showing the applicant to be a licensed food handler (Food Handlers Permit does not apply to prepacked foods).

All licenses issued and/or granted shall expire at midnight the following April 30th of each year, and shall be an annual license.

I hereby swear or affirm that I am fully aware of the duties and obligations of persons engaged in the business indicated above and agree to comply with the state laws, city charter, city ordinances and such rules and regulations as may now or hereafter be in effect relating to the operation of said business, and the statements contained in this application are true to the best of my knowledge and belief.

Food Handlers Permit _____
Date

Signature of Applicant

Veteran's Exemption No. _____

Home Address

License No. _____ Plate No. _____

City, State, Zip Code

Issued _____

Department of Public Safety Records Checked By _____