



## APPLICATION FOR AUTOMOBILE DEALER LICENSE

### BUSINESS

Name \_\_\_\_\_

Business Address \_\_\_\_\_ Phone # \_\_\_\_\_

Type of Business: Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Single Owner \_\_\_\_\_

#### STATE OF MICHIGAN :

Dealer License Class and Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Dealer License Plates Number #1. \_\_\_\_\_ Number #2. \_\_\_\_\_

Description of business activities at this location \_\_\_\_\_

### APPLICANT

Legal Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Personal Address \_\_\_\_\_ Phone # \_\_\_\_\_

Michigan Driver's License # \_\_\_\_\_ Current Employment \_\_\_\_\_

Personal Reference – Name \_\_\_\_\_ Phone # \_\_\_\_\_

Personal Reference – Name \_\_\_\_\_ Phone # \_\_\_\_\_

### PARTNER/ADDITIONAL OWNER (INCLUDING SPOUSE)

Legal Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Personal Address \_\_\_\_\_ Phone # \_\_\_\_\_

Michigan Driver's License # \_\_\_\_\_ Current Employment \_\_\_\_\_

Personal Reference – Name \_\_\_\_\_ Phone # \_\_\_\_\_

Personal Reference – Name \_\_\_\_\_ Phone # \_\_\_\_\_

*The facts set forth above in this Application for Used Car License are true and complete and I authorize the City of Norton Shores to contact personal references named and verify personal information including, but not limited to, driving records and licensure. I understand that, if licensed, false statements on this application shall be sufficient cause for revocation at any time.*

\_\_\_\_\_  
Signature of Applicant / Date

\_\_\_\_\_  
Signature of Partner / Date