

CITY of ST. CLAIR SHORES
27600 Jefferson Avenue
St. Clair Shores, MI 48081
(586) 447-3340 (586) 445-4098 (fax)
www.scsmi.net

ICE CREAM VENDOR'S LICENSE APPLICATION

In accordance with the provisions of the ordinance (Sec. 19.352) of the City of St. Clair Shores, I hereby make application for a license to conduct the following business to wit:

Owner's Name _____

Owner's Address _____ City/State/Zip _____

Phone No. _____ Cell Phone/Page No. _____

Email Address _____ Company Website (if applicable) _____

Driver's License No. _____ Mich. Sales Tax No. _____

Description of Vehicle _____
Make Model Year Color

Vehicle License Plate No. _____ Expiration Date _____

Applicant must list ALL persons operating the vehicle registered under this license

Name	Address	Driver's License No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE NOTE: Hours of operation are restricted to 9 a.m. – sundown.

I hereby certify that the information provided herein is true, accurate and complete.

Signature _____ Date _____

Fee _____
\$50/larger vehicles (Mr. Softee, etc)
\$25/smaller vehicles (Good Humor, carts, etc.)

Receipt No. _____

License No. _____

Attached:
cc: Applicant's Driver's License _____
cc: Registration _____
cc: Insurance _____
SCS PD Inspection Report _____
Veterans Papers* _____
(*Parade Only, No Fee)

LICENSE MUST BE DISPLAYED & VISIBLE ON THE DRIVER'S SIDE, REAR BUMPER