



Temporary Merchant Business Application

INSTRUCTIONS

APPLICANT:

- Submit the **completed** Temporary Merchant Business Application (**TYPED OR PRINTED**) to the City Clerk's Office with the following:
 - Certificate of insurance policy detailed on page 3
 - Sketch plan, drawn to scale, that clearly identifies the property:
 - Parcel boundaries;
 - Footprint and dimensions of all existing and proposed buildings and structures;
 - All curb cuts, drive aisles, and parking spaces;
 - All sidewalks;
 - Exact location of the proposed Temporary Merchant Business, including exact location of the following:
 - ❖ Signage (include dimensions, location, method of support)
 - ❖ Sales office
 - ❖ Display and Service Areas
 - ❖ Staff and Customer Parking Areas
 - ❖ Restroom Facilities
 - ❖ Other activities associated with proposed Temporary Merchant Business
 - SIDEWALK SALES ONLY:** Written statement indicating all other shopping center commercial establishments have been notified of the proposed Sidewalk Sale
 - Written proof that applicant owns or leases premises for operation or has permission from property owner to operate temporarily on the property (restrictions clearly identified)
 - Payment of application fee (cash, debit card, check or money order payable to City of Troy are accepted)
 - Payment of \$500 bond fee
 - Additional attachments detailed on page 3 (for corporations, LLC's, partnerships)

CITY CLERK'S OFFICE:

- Review accuracy of completed application. Make cope of bond check.
- Process application fee; give one receipt to applicant, write receipt info on the application
- Notify applicant that processing time is approximately 3 weeks
- Route application packet electronically to reviewing department(s) for approval/denial
- If approved, print license and mail to applicant



Temporary Merchant Business Application

Date _____

FEES: **APPLICATION** **\$100.00**
 BOND (Cash or Check): **\$500.00** (bond will be returned upon site clean-up inspection)
 EXTENSION: **\$100.00**

(Please type or print neatly)

Applicant's Name _____ Date of Birth _____
Home Address _____ Email _____
City/State/Zip _____ Phone _____
Driver's License #: _____

TEMPORARY BUSINESS INFORMATION

Temporary Business Name _____
Temporary Address _____
Troy Zip Code _____ Phone _____

Location (specific mall, plaza, hotel, etc.) : _____
Location must comply with ordinance zoning requirements

Days & Hours of Operation: _____
Hours of operation limited to: 9:00AM to 9:00PM

Requested Term of License: _____

- Temporary Merchant Businesses are restricted to one 90-consecutive-day period with one 90-consecutive-day extension per calendar year.
- Sidewalk Sales are restricted to one 72-hour sale per 30-day period per shopping center during a calendar year

- Temporary Indoor Use Temporary Outdoor Use Christmas Tree Sales
 Mobile Windshield Repair Sidewalk Sales

Applicant's History of Experience in Operating a Similar Business? _____

List applicant's employment or business practice including other communities where proposed licensed business was operated (attach a separate sheet if needed):

- Have you ever been arrested? Yes No
Have you ever been convicted of a crime? Yes No



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I, _____, do hereby acknowledge and subscribe to the foregoing instrument and declare all statements to be true. I authorize the City, its agents and employees, to seek information and conduct an investigation to verify the veracity of the information provided, including Police records checks of all individuals listed on this application.

Applicant's Signature

REQUIRED ATTACHMENTS

(In addition to Step I from Instructions on cover page)

❖ Is the Applicant one of the following?

<u>Corporation</u>	If Yes, attach a separate sheet detailing the names and permanent addresses of each officer, director, resident agent, 10% stockholder; list the address of the corporation or resident agent in Oakland County. Attach copy of Articles of Incorporation.
<u>Partnership</u>	If Yes, attach a separate sheet detailing the name, and permanent address of each partner. Attach copy of Partnership Agreement.
<u>Limited Liability Company</u>	If Yes, attach a separate sheet detailing the name, and permanent address of each member, manager or person with a membership interest. Attach a copy of Articles of Organization.
❖ Certificate of Insurance in the amount of \$1,000,000.00, naming the City of Troy as additional insured for general liability insurance coverage and Certificate of Endorsement.	

Approval of this application is determined by the following departments:

Building, Fire, Planning, Police, Risk Management, Treasurer

For more information, please refer to the City of Troy Code of Ordinances:

- [Chapter 61, Temporary Merchant Businesses](#)

ON LAST DAY OF SALE, Contact the Building Department to schedule site clean-up inspection

Pursuant to Chapter 61 of the City of Troy Code of Ordinances, the \$500 bond will be returned upon site inspection and approval. Allow 2 weeks for administrative processing of check request.