

**CITY OF NILES
PARK VENDOR APPLICATION**

1. Name of Applicant: _____

2. Address: _____

3. City: _____ State: _____ Zip: _____

4. Business Address: _____

5. City: _____ State: _____ Zip: _____

6. Previous Business Address: _____

7. Home phone: _____ Business phone: _____

8. Birthdate: _____

9. Driver's License No.: _____ State _____

10. Copy of License provided: Yes () No ()

11. Name of Person Represented, if different from the applicant: _____

12. Employees Names, Addresses and Dates of Birth:

13. Applicant and Employee 2 X 2 Photo (2) Provided? Yes () No ()

14. Description of the Business and listing of food and beverage products:

15. Have you ever had any licenses required by this city or any other state or municipal authority revoked, suspended, or denied within three (3) years immediately prior to the date of this application, and if so state the circumstances of any such revocation, suspension, or denial?

Yes () No ()

If Yes, give details:

16. Current State of Michigan Sales Tax number or Exemption Certificate: _____

