

**USED CAR SALES LOT LICENSE APPLICATION**

NEW  RENEWAL  TRANSFER

Please Print All Information

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Business Telephone Number: \_\_\_\_\_

FULL Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Residence Telephone Number(s): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Michigan Driver's License Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name and address to which any and all correspondence should be directed:

\_\_\_\_\_  
\_\_\_\_\_

Proposed hours of operation: \_\_\_\_\_

Are there any other branch sales lots operated in connection with this business? Or is the applicant engaged in the conducting a used car lot in any other location, or locations? **Yes** **No**

If yes, state address of each: \_\_\_\_\_

\_\_\_\_\_

Name and location of business or businesses previously operated by applicant: \_\_\_\_\_

\_\_\_\_\_

TO THE LANSING CHARTER TOWNSHIP BOARD:

The undersigned, doing business as \_\_\_\_\_

Hereby makes application for a license under provisions of resolution of the Lansing Charter Township Board passed on the 16<sup>th</sup> day of October A.D., 1945, to conduct a used car lot within the Charter Township of Lansing, and to buy, sell and deal in used motor vehicles. Enclose herewith the license fee provided for by said resolution.

LIST BELOW THE FULL NAME OR NAMES OF THE OWNER:

(If an INDIVIDUAL, give name, age and residence address)

Name	Residence Address	Age
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(If CO-PARTNERSHIP, give name, age and residence address of each co-partner)

Name	Residence Address	Age
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Name	Residence Address	Age
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Executive Officers	Residence Address	Age
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Stockholder	Residence Address	Age
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Stockholder	Residence Address	Age
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STATE IN WHICH INCORPORATED: \_\_\_\_\_

Date in which incorporated: \_\_\_\_\_

If the business is conducted under an assumed name, give name, age and residence address of each owner.

County where certificate is filed \_\_\_\_\_

Name	Residence Address	Age
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Name	Residence Address	Age
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Name	Residence Address	Age
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The site or sites to be used as a used car lot are as follows:

\_\_\_\_\_  
\_\_\_\_\_

Title to the property stands in the name of: \_\_\_\_\_

Has applicant ever previously applied for a license? (Yes or No) \_\_\_\_\_

If the above is answered yes, give license number and year or disposition of application: \_\_\_\_\_

\_\_\_\_\_

If applicant is a co-partnership or a corporation, have any of the partners, employees, officers or directors been refused a license or been a holder of a license which has been revoked or suspended?

If answer is yes, give the following facts:

Holder of license suspended \_\_\_\_\_

Year suspended \_\_\_\_\_ By whom \_\_\_\_\_

Cause of suspension \_\_\_\_\_

\_\_\_\_\_

Please provide The Michigan Department of Revenue sales tax license number: \_\_\_\_\_

The length of time in business as a dealer in used motor vehicles continuously prior to the application, if previously engaged in business \_\_\_\_\_

The number of the State Motor Vehicles License for the current year: \_\_\_\_\_

Do you hold a bona fide contract to sell new cars at retail? (Yes or No) \_\_\_\_\_

If yes, answer the following: With whom \_\_\_\_\_ What make \_\_\_\_\_

Location of said business \_\_\_\_\_

Do you intend to make repairs on the motor vehicles on the used car lot? \_\_\_\_\_

If yes, have you proper facilities for doing so? \_\_\_\_\_

Please provide two business related references:

\_\_\_\_\_  
Name Address Occupation

\_\_\_\_\_  
Name Address Occupation

STATE OF MICHIGAN  
County of \_\_\_\_\_

I, \_\_\_\_\_ do solemnly swear (or affirm) that the statements contained in the foregoing application are true and correct and that I, as an individual, as a members of a partnership, or as an officer of the corporation have authority to sign this application and to make the statements contained herein. I do solemnly swear that I have read the provisions of the applicable Township Ordinance, and I fully understand the terms of same and know that I must comply with it and all other Township Ordinances and State Laws relative to the operation of a business in the Charter Township of Lansing.

\_\_\_\_\_  
Signature, President

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20 \_\_\_\_.

\_\_\_\_\_ for County of \_\_\_\_\_

Notary

My commission expires: \_\_\_\_\_

Application for license, approved by the Township Board at meeting held in the Township Hall on the \_\_\_\_ day of \_\_\_\_\_ A.D., 20 \_\_\_\_.

\_\_\_\_\_  
Clerk, Charter Township of Lansing

**License Fee:** \$100.00

**Renewal Fee:** \$50.00

**Term of License:** June 30<sup>th</sup> of each year

Make check payable to: **Charter Township of Lansing**

Return Application, Check and Authorization for Release Form to:

Maggie Sanders, CLERK  
Charter Township of Lansing  
3209 W. Michigan Ave  
Lansing, MI 48917