

DATE _____

CITY OF STERLING HEIGHTS
HOTEL/MOTEL LICENSE APPLICATION

SUBMIT TO: CITY CLERK
CITY OF STERLING HEIGHTS
40555 UTICA ROAD
P.O. BOX 8009
STERLING HEIGHTS, MI 48311-8009

NEW _____ \$2,240.00 (two-year)
RENEWAL _____ \$1,110.00 (two-year)

The undersigned hereby applies to the City of Sterling Heights for a license to conduct business. In support of this application, the following representations are made:

(Attach additional sheets where necessary)

1. Name of Applicant _____
Business Name _____

Mailing Address of Applicant _____

2. List the proposed location where business is to be conducted (include legal description and site plan as attachments as well as photographs or drawings of the structure):

3. Please list rates to be charged:

4. Number of rental units:

5. Name, address and telephone number of resident agent (see definition on Page 2 of the ordinance):

(Resident Agent must complete the attached Personal Disclosure Statement)

6. Business will be conducted under one of the following types of organization:

() Corporation () Partnership () Proprietorship () Limited Liability Co.

7. Principal office of applicant:

8. Individual responsible for filing and certifying this application:

Name/Title	Address	Telephone Number
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9. Is the business location(s) owned by the applicant or leased?

Owned () Leased ()

Name and address of owner/lessor: _____

10. Name and Mailing address of Parent Company, if any: _____

11. Is the applicant or any of its affiliates currently conducting business outside the City of Sterling Heights (including other states)? () Yes () No If yes:

Location Name/Trade Name Years in Operation

12. Is the applicant or any business entity controlled by the applicant currently conducting any other business within the City of Sterling Heights? () Yes () No If yes:

Name/Trade Name Location Years in Operation

13. If a corporation, indicate state of incorporation: _____ Date: _____
*Attach Certificate of Good Standing issued by the State of Michigan within 60 days of the date of this application.

Name and address of registered agent in Michigan: _____

14. If a partnership, indicate city/town/state of partnership: _____
Type of Partnership: () General () Limited Date: _____

15. If a proprietorship, list the name and address of proprietor:

16. List three business references. If a company name is being used as a reference, also include the name of a contact person with the company:

<u>Name</u>	<u>Mailing Address</u>	<u>Phone Number</u>
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17. List the name, title and ownership of each director, officer, manager, and partner. Also list any person or entity owning 10% or more of the applicant*

<u>Name</u>	<u>Title in Organization</u>	<u>Number of Shares Owned</u>	<u>% of Ownership</u>
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(Attach additional sheets if necessary)

***Each person listed in this section must complete a Personal Disclosure Statement**

18. Provide an itemized list breaking down all expenses pertaining to this business. The list should include each expense as a separate item. Place the list on separate sheets of paper and attach to this form (Financial Statement will suffice).

Total dollar amount of the Business involved: _____

19. Has the applicant or any of its affiliates, directors, managers, or officers ever been refused a license to engage in business or had any license revoked or suspended in any state or municipality? () Yes () No (If yes, provide complete details on an attachment)

20. Has the applicant or any of its affiliates, directors, managers, or officers ever been the subject of any civil proceeding by any federal, state, county or municipal authority challenging its ability to engage in business? () Yes () No (If yes, provide complete details on an attachment)

21. Briefly described the experience (business qualifications) of the applicant and its director(s), officer(s), and principal owner(s) if a corporation:

22. Provide a general description of the proposed business activities of the applicant and its method of conducting business. At a minimum, include what services the applicant will provide to the public, how the applicant plans to generate business, etc.

(Attach additional sheets as necessary)

Contact Information (person we may contact with questions regarding this application)

Name _____

Contact Phone Number – Business _____ Mobil _____

Contact Email address _____

NOTICE

The City of Sterling Heights reserves the right to request additional information from the applicant. Additional requests, if any, will be forwarded to the individual named in paragraph 8 at the address of the applicant specified in paragraph 1.

CERTIFICATION

I hereby certify that the foregoing APPLICATION is true and correct to the best of my knowledge and belief. I understand that inaccuracies may result in denial of the application. OMISSIONS WILL BE CONSTRUED AS AN INTENTIONAL FAILURE TO DISCLOSE A MATERIAL FACT AND WILL BE SUFFICIENT GROUNDS FOR DENIAL.

By: _____
(Signature/Title)

STATE OF MICHIGAN

SS

COUNTY OF _____

On this _____ day of _____, _____, before me, a Notary Public in and for the County, personally appeared _____ known to me to be the said person named in and who executed the foregoing application and made oath that the statements and representations set forth herein are true to the best of his/her knowledge and belief.

Notary Public

My Commission Expires: _____

AFFIDAVIT

OFFICIAL SIGNING OF APPLICATION
(For Corporate applicants only)

I, _____ of
Name and title of official

Applicant Name

a corporation organized in the State of _____ do hereby declare that I am duly authorized to file the foregoing application and that the statements and representations set forth therein are true to the best of my knowledge and belief.

Authorized signature

Title

STATE OF MICHIGAN

SS

COUNTY OF _____

Subscribed and sworn to before me, a Notary Public in and for said County, on this _____ day of _____, _____.

Notary Public

My Commission Expires: _____

Checklist for Hotel/Motel License

Name of Hotel/Motel _____

Address _____

New _____ Renewal _____

LICENSE FEE: New: \$2,240.00 Renewal: \$1,110.00

(CITY CLERK'S OFFICE USE ONLY)

Police Department Recommendation Approved _____ Denied _____

Fire Department Recommendation Approved _____ Denied _____

Building/Code Enforcement Approved _____ Denied _____

Planning/Zoning Approved _____ Denied _____

Treasury Department Recommendation Approved _____ Denied _____

Hotel/Motel License Number _____ Date _____

Application Fee \$ _____

Date Paid _____

2-YEAR LICENSE EXPIRATION DATE: December 31, 2021

Issued by: _____

Approved by: _____

CITY OF STERLING HEIGHTS
PERSONAL DISCLOSURE STATEMENT

CITY OF STERLING HEIGHTS
40555 UTICA ROAD
P.O. BOX 8009
STERLING HEIGHTS, MI 48311-8009

Information as indicated herein is required to be filed by every officer, director, or owner of 10% or more of the stock of a corporate applicant, by every partner of a partnership applicant, by the owner when the applicant is a sole proprietorship and the **resident agent**. A separate form is to be filed by each person. The information indicated must be furnished fully and in detail. Separate exhibits should be attached when space provided is not sufficient to set forth the information completely.

OMISSIONS WILL BE CONSTRUED AS AN INTENTIONAL FAILURE
TO DISCLOSE A MATERIAL FACT AND WILL BE
SUFFICIENT GROUNDS FOR DENIAL

The following information is furnished by the undersigned in conjunction with and is made a part of the application of:

-
1. Name _____
 Insert full name of person filing this form)

 2. Other names (to include all nicknames, maiden names, and/or aliases):

 3. Residence Address: _____
 Street City/State/Zip Code

Mailing Address if different _____

 4. Date of Birth _____ Place of Birth _____ Citizenship: _____
Height _____ Weight: _____ Eye Color: _____ Hair Color: _____ Sex: _____

PLEASE DUPLICATE THIS FORM AS NEEDED

5. Driver's License: (State)_____ Number: _____

6. Telephone Number: Home: ()_____

Work: ()_____

7. Residence address during the last ten years.

From	To	Location	Rent or
<u>Mo. Yr.</u>	<u>Mo. Yr.</u>	<u>Address incl. City & State</u>	<u>Owned</u>

8. Occupational Record: Furnish a complete record of employment or business association for the last ten years:

From	To	Name, Address and Telephone	Position	Nature of
Mo. Yr.	Mo. Yr.	Number of Employer	Held	Duties

BUSINESS HISTORY/AFFILIATIONS

9. Have you ever been directly or indirectly connected with any organization, in Michigan or elsewhere, which had its application for a license or license to conduct business refused by any State or Municipal authority, or which withdrew such application to avoid a refusal, or which withdrew such application by request, or which had its license suspended, canceled, revoked, or not renewed by such authority? Yes No
If yes, furnish details.

10. Has any organization with which you were associated as an officer, director, partner, owner, employee or otherwise ever pleaded guilty, pleaded nolo contendere or been found guilty by a judge or jury for a violation of any law of the State of Michigan or elsewhere (excluding motor vehicle traffic laws)? Yes No If yes, furnish details.

Date	Title/Nature of Judgment	Court Where Judgment/Order Entered
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<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

11. List any past or ongoing formal or informal investigations, examinations, or administrative proceedings conducted by any department, agency or commission of any state or municipality, and any agreements, undertakings or consents entered into with any of the foregoing, involving you (or controlling persons of the business entity/applicant, or affiliates or companies controlled by the business entity/applicant, or controlled by controlling persons of the business entity/applicant). Describe the nature of the inquiry and the result thereof.

12. List all civil or administrative judgments or orders issued against you or any corporation or other business in which you hold or held a ten percent or more legal or equitable ownership interest and/or in which you are or were an officer, director, or manager by any state or municipal court or by any department, agency, or commission of any state or municipality. Furnish copies of all such judgments, orders, opinions, reports of investigations, etc.

Date	Title/Nature of Judgment	Court Where Judgment/Order Entered
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13. Have you ever applied for any similar type license, in Michigan or elsewhere, received a license, or had your application for a license refused by any State or Municipal authority, (or withdrew such application to avoid a refusal, or withdrew such application by request), or had your license suspended, canceled, revoked, or not renewed by such authority?

Yes No

If yes, furnish details.

CRIMINAL OFFENSES

14. List each charge or indictment against you or any business or similar organization of yours, each arrest by any law enforcement agency, and each trial, which resulted in a conviction, in connection with any crime or offense, other than minor traffic violations.

<u>Charge/Indictment</u>	<u>Name of Charging Authority</u>	<u>Date/Place of Charge</u>	<u>Date of Disposition</u>
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CITY OF STERLING HEIGHTS
AUTHORIZATION TO RELEASE INFORMATION

I, _____, whose residence address is _____
_____, am making application to conduct
business in the City of Sterling Heights at:

I hereby give my consent and permission to release any record, report, or information pertinent I may have to the
City of Sterling Heights in order to obtain a hotel/motel license.

Date: _____ Signed: _____

Date of Birth: _____

Social Security: _____

STATE OF MICHIGAN

SS

COUNTY OF _____

The person whose signature appears above personally appeared before the undersigned, a Notary Public in and for
the above named County and State, the day and date named, and acknowledged the execution of the foregoing
instrument to be the voluntary act and deed of the applicant therein named and for the purposes therein set forth,
that they are dully authorized to execute the instrument and that the statements and representations therein
contained are true to the best of their knowledge and belief.

Signature of Notary Public

A Notary in and for _____ County

State of _____

My Commission expires: _____

CITY OF STERLING HEIGHTS

BACKGROUND INFORMATION CONSENT FORM

By signing this Consent, I understand and agree to the following:

The following information about me is necessary to assist the City of Sterling Heights in evaluating the application of _____ (business entity). The information will be used to evaluate, among other things, my experience, character, business reputation, general fitness, and suitability to conduct business as legally required by Ordinance No. 337 (with any amendments) of the City of Sterling Heights.

I understand that omissions or inaccuracies in completing the application may result in denial of the application. The City of Sterling Heights may also conduct an independent investigation of me which may include, but not be limited to, contacting federal and state law enforcement agencies, other governmental agencies, and credit reporting agencies. If any information the City of Sterling Heights receives indicates a violation of law, the information will be shared with any agency responsible for investigating or prosecuting the violation.

If information about me would warrant denial of the application, the City of Sterling Heights will give the applicant, through the person designated for contact, notice of that fact, including a statement of the legal and/or factual basis which would warrant denial and the applicant's rights in respect thereto.

Full Name: _____

Address: _____

Telephone: (Home) _____ (Business) _____

Driver's License: (State) _____ Number: _____

Date of Birth: _____

Other names by which I am now known or have used in the past:

Signature: _____ Date: _____

CERTIFICATION AND ACKNOWLEDGEMENT

I hereby CERTIFY that the foregoing disclosure statement is true and correct to the best of my knowledge and belief. I understand that inaccuracies may result in the denial of a license to do business and that OMISSION WILL BE CONSTRUED AS AN INTENTIONAL FAILURE TO DISCLOSE A MATERIAL FACT AND WILL BE SUFFICIENT GROUNDS FOR DENIAL.

And ACKNOWLEDGE that the City of Sterling Heights, its agents and employees are authorized to seek information and conduct an investigation into the truth of the statements set forth in this application and that I am required to provide such additional information as may be requested of me.

By: _____
Type or print name

Signature

STATE OF MICHIGAN

SS

COUNTY OF _____

On this _____ day of _____, _____, before me, a Notary Public in and for the County, personally appeared _____ known to me to be the said person named in and who executed the foregoing application and made oath that the statements and representations set forth herein are true to the best of his/her knowledge and belief.

Notary Public

My Commission Expires: _____