



**Hotel, Motel License Application**

Auburn Hills Police Department  
1899 N. Squirrel Road, Auburn Hills, MI 48326  
248-370-9460 [ahrecords@auburnhills.org](mailto:ahrecords@auburnhills.org)  
**Deliver Payment and Application to above address**

**FEES:** License Fee - \$100, Renewal Fee - \$100

**LICENSE EXPIRES:** December 31 ANNUALLY  
\_\_NEW \_\_RENEWAL

**Note: Failure to complete this application completely and accurately will result in the denial of your license.**

**HOTEL / MOTEL INFORMATION**

Name of Hotel: \_\_\_\_\_  
Hotel Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ Business E-Mail: \_\_\_\_\_  
Corporation Name or DBA: \_\_\_\_\_  
Number of Rooms: \_\_\_\_\_ Kitchenettes: \_\_ Yes \_\_ No Swimming Pool: \_\_ Yes \_\_ No  
Proposed Average Rates per Night: \_\_\_\_\_

**APPLICANT PERSONAL INFORMATION**

Primary Applicant (primary contact person, personal): \_\_\_\_\_  
Last First Middle  
Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Information : \_\_\_\_\_  
Home/Cell Phone Business Phone Email Address

**APPLICANT HISTORY**

(Use additional pages if necessary to provide full information)

**Previously owned / operated hotel:** Yes \_\_ No \_\_ (if Yes, complete the below information)

Hotel Name: \_\_\_\_\_ Hotel Address: \_\_\_\_\_  
Operated under a state or municipal license: Yes \_\_ No \_\_ N/A \_\_ Dates owned/operated: \_\_\_\_\_  
Prior history of revocation or suspension of license: Yes \_\_ No \_\_ Reason: \_\_\_\_\_

Hotel Name: \_\_\_\_\_ Hotel Address: \_\_\_\_\_  
Operated under a state or municipal license: Yes \_\_ No \_\_ N/A \_\_ Dates owned/operated: \_\_\_\_\_  
Prior history of revocation or suspension of license: Yes \_\_ No \_\_ Reason: \_\_\_\_\_

Hotel Name: \_\_\_\_\_ Hotel Address: \_\_\_\_\_  
Operated under a state or municipal license: Yes \_\_ No \_\_ N/A \_\_ Dates owned/operated: \_\_\_\_\_  
Prior history of revocation or suspension of license: Yes \_\_ No \_\_ Reason: \_\_\_\_\_

**Applicant previous business, occupation, or employment for three years preceding date of application:**

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

**Applicant Criminal History (excluding traffic violations, ten years preceding date of application):**

Conviction \_\_\_\_\_ Date of Conviction \_\_\_\_\_ Jurisdiction \_\_\_\_\_  
Conviction \_\_\_\_\_ Date of Conviction \_\_\_\_\_ Jurisdiction \_\_\_\_\_  
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Conviction \_\_\_\_\_ Date of Conviction \_\_\_\_\_ Jurisdiction \_\_\_\_\_

**OWNER / OPERATOR INFORMATION**

**Applicant is a Corporation:**  Yes  No (If Yes, complete below information)

Corporate Address: \_\_\_\_\_

Resident Agent (in Oakland County): \_\_\_\_\_

Resident Agent Name: \_\_\_\_\_ Resident Agent Phone: \_\_\_\_\_

Names, Residence Address, and Telephone of each Officer or Director holding more than 10% stock of the Corporation and may be involved in the management or operation of the business:

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

**Applicant is a Partnership:**  Yes  No (If Yes, complete below information)

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

Resident Agent (in Oakland County): \_\_\_\_\_ Corporation is in good standing\*:  Yes  No

Resident Agent Name: \_\_\_\_\_ Resident Agent Phone: \_\_\_\_\_

Names, residence address, and telephone of each partner having more than 10% ownership interest and may be involved in the management or operation of the business:

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

**Does Applicant own stock or hold a financial interest in any other hotel:**  Yes  No (if Yes, complete below)

Provide the name, address, and phone of the corporation(s):

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

Provide the name, address, and phone of each hotel:

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

I hereby affirm that I have truthfully completed this application and all information and attachments hereto to the best of my knowledge; that I have read Auburn Hills City Ordinance 20-921 of the Auburn Hills Code of Ordinances and all applicable City of Auburn Hills Ordinances and State Laws. I agree to operate this business in accordance with all Federal, State and Local laws, ordinances, and rules and regulations. I understand that false information or non-compliance with applicable laws may result in the denial, revocation, or non-renewal of any license under the above act. By signing this application, I give authorization to agents of the City of Auburn Hills to conduct an investigation into the information provided in this application and agree to cooperate in this investigation by providing any pertinent information to investigators upon request (tax records, business records, profit/loss statements or other financial records relating to the operation of the hotel). I understand that certain inspections the hotel may be required, and I agree to fully cooperate with these inspections.

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

**HOTEL LICENSE APPLICATION  
ADDITIONAL QUESTIONS**

1. Is this a new license application, or has applicant been approved for a license under the City of Auburn Hills Ordinance in the past?      New License Application      Renewal Application
  
2. Is applicant familiar with the City of Auburn Hills Ordinance 20-921, Chapter 2 of the Code of Ordinances as it relates to hotel operation requirements?      Yes      No
  
3. Has applicant been refused a hotel / motel license in the past, either in the City of Auburn Hills or another venue?  
 Yes      No (if yes, explain circumstances below)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Is applicant and / or hotel behind in property taxes, other city obligations (including water and sewer charges), and real property taxes at time of application?      Yes      No
  
5. Does the hotel maintain a register of guests staying at the establishment?      Yes      No (if no, explain below)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Are the premises under evaluation for license properly maintained and kept in good repair? This includes all parking areas, swimming pools, doors and locking mechanisms, carpet and room cleanliness, and rooms free from bed bug infestations?  
 Yes      No (if no, explain below)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Does the hotel have a camera system with video recording and review capabilities with camera positioning enabled to clearly show the main hallways, lobbies, and parking areas of the hotel?      Yes      No (if no, explain below)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Does the hotel front desk personnel have the ability to monitor and view the images, video shown and recorded by the hotel camera system on a twenty-four hour / seven day a week basis?      Yes      No (if no, explain)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
9. Are hotel employees trained in basic first aid and detection of the signs of alcohol and drug intoxication?  
 Yes      No (if no, explain below)  
\_\_\_\_\_  
\_\_\_\_\_
  
10. Does the hotel have operating fire extinguishers approved by the Fire Department in convenient locations?  
 Yes      No (if no, explain below)  
\_\_\_\_\_  
\_\_\_\_\_

**HOTEL Additional Information**

(If you were unable to provide full information in the above area, please enter it here)

**Previously owned / operated hotel: Yes \_\_\_ No \_\_\_ (if yes, complete the below information)**

Hotel Name: \_\_\_\_\_ Hotel Address: \_\_\_\_\_

Operated under a state or municipal license: Yes \_\_\_ No \_\_\_ N/A \_\_\_ Dates owned/operated: \_\_\_\_\_

Prior history of revocation or suspension of license: Yes \_\_\_ No \_\_\_ Reason: \_\_\_\_\_

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Conviction \_\_\_\_\_ Date of Conviction \_\_\_\_\_ Jurisdiction \_\_\_\_\_

**ADDITIONAL CONSIDERATIONS:** (List any additional considerations or explanations here)

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