



CITY OF AUBURN HILLS APPLICATION FOR SMOKING LOUNGE

Please call the City Clerk's Office at 248-370-9402 with any questions.

New Application \$250 Fee: _____ Renewal Application \$100 Fee: _____ Late Fee \$100: _____

Date: _____

Business Name

Business Address

Business Website

Email

TAX ID

Owner Information:

Last

First

Middle

Address

City – State – Zip

Home Phone

Mobile Phone

Type of Identification

Driver's License exp _____

Passport exp _____

Military ID exp _____

Hours of Operation

Monday – Thursday Open _____ Close _____

Friday – Saturday Open _____ Close _____

Sunday Open _____ Close _____

Have you ever been arrested for a crime _____ Yes _____ No If Yes, List:

Charge _____ Where _____ Date _____

Charge _____ Where _____ Date _____

Charge _____ Where _____ Date _____



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Designated Local Agent if different from Applicant:

Last First Middle

Address

City – State – Zip

Home Phone

Mobile Phone

Driver's License #

Date of Birth

email address

I, _____, being the applicant for the Smoking lounge for
_____ located at _____,
Business Address

I do hereby affirm that I am authorized to submit this application, and that all facts stated within it are true to the best of my knowledge. I do further swear that this business meets all the requirements of Ordinance 13-857, including the zoning standards, and will not cause an interference to traffic and/or impair traffic flow.

President/Owner/Resident Agent

Date

Notary:

State of _____, County of _____

On this _____ day of _____, 20_____, before me personally appeared

_____, who being duly sworn, says that he/she signed the questionnaire and that the statements contained therein are true.

If applicable please attach a copy of the state issued exemption certificate for the premises; or if a transfer, a copy of the application file with the state.



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***Please list any other names (AKA) from the past 7 years:**

Name	Year

Other affiliated locations both current and past locations of Smoking lounge(s), including out of state licenses:

License Type	Location (City, State)	Licensee	Dates

List any license violations of Public Act 188 the Smoke-Free Air Law issued to either the applicant, any owners, the corporation or entity for the preceding three (3) years: (If additional space is needed, attach a separate sheet.)

Where	Date	Disposition

PLEASE SUBMIT A COPY OF YOUR LICENSE FROM THE STATE OF MICHIGAN.



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Application for Person of Influential Interest

Smoking Lounge: _____

Role/Interest of the below listed person in Smoking Lounge: _____

Last First Middle

Any other names by which you have been known in the last 7 years? List all.

Home Address _____

Cell Phone: _____ Business Website: _____

Business Address: _____ Auburn Hills MI, 48326

Driver's License # Date of Birth email address

Criminal Record**

Have you ever been arrested for a crime _____ Yes _____ No If Yes, List:

Charge _____ Where _____ Date _____

Charge _____ Where _____ Date _____

Charge _____ Where _____ Date _____

** Out-of-state residents must submit certified record of criminal history from the State Police and certified driving record from the State Department of Motor Vehicles with application.

List any license violations of Public Act 188 the Smoke-Free Air Law issued to the Person of Influential Interest applicant, for the preceding three (3) years: If additional space is needed, attach a separate sheet.

Where Date Outcome

I assert that the above information is truthful.

Applicant Signature

Date