



innovative by nature

City of Rochester Hills, MI
Dance Halls and Roller Rinks
Application for License
CLE-00104-P/ Rev. 042013

Name and address of applicant*

Applicant Name Business Phone

Address Home or Mobile Phone

City, State, Zip Email

** If the applicant is other than an individual, the nature of the entity (i.e. partnership, corporation, etc.) and the names and addresses of all those having an ownership interest in the entity must be submitted (include separate sheet, if necessary).*

Name and address of proposed establishment where licensed activity will be maintained:

Name

Address

City, State, Zip

Applicant Data:

Age

Length of state residency

Has applicant ever been convicted of a crime involving moral turpitude? Yes No

Proposed hours of operation:

Name and address of resident manager:

Manager Name

Manager Phone

Home Address

City, State, Zip

24-Hour Emergency Contact Information:

Contact Name

Contact Phone

Address

City, State, Zip

The following must accompany this application:

Application Fee \$150.00

I, the undersigned, affirm that the above statements are true, and I am aware of the provisions and conditions and conditions of Article III, Section 10-91 of the codified ordinances, and make application for such license acknowledging these to be the conditions under which I must operate, if such license be granted.

Signature and Title of Applicant

Date