



**West Bloomfield Township**

**Clerk's Office**

4550 Walnut Lake Road  
West Bloomfield, MI 48323  
(248) 451-4848 Phone  
(248) 682-3788 Facsimile  
[www.wbtwp.com](http://www.wbtwp.com)

---

**License Application Fee: \$100.00**

**Note:** This application is pursuant to the Used Car Lots and Used Car Sales Ordinance, Section 22-91 through 22-109. Licenses expire each December 31<sup>st</sup> and must be **renewed by December 31<sup>st</sup>** of each calendar year.

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

I hereby submit an application to operate a Used Car Lot in conjunction with new car sales pursuant to Sections 22-107, 108, and 109 of the Township Code at the following location in West Bloomfield:

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

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

City/ST/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

List date and license from Michigan Secretary of State authorizing applicant to deal in used automobiles.

Date: \_\_\_\_\_ License No.: \_\_\_\_\_

Name of Owner(s) of Business: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you resided at this residence? \_\_\_\_\_

List five (5) immediate previous addresses prior to present address:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

List all criminal convictions other than traffic violations. Give details below:

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

Date of Birth: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Sex: \_\_\_\_\_

I hereby certify that all the statements made in this application are in all respects are true and correct and I agree to abide by Sections 22-91 through 22-109 of the Township Code.

\_\_\_\_\_  
Signature of applicant/owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of applicant/owner

\_\_\_\_\_  
Date

**CHARACTER REFERENCE**

I, \_\_\_\_\_ do hereby state that I am a resident of the Charter Township of West Bloomfield and know the above applicant and believe him/her to be a person of good moral character.

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

**For Office Use Only:**

Fees Collected     Permit issued \_\_\_\_\_

**Township Approval:** \_\_\_\_\_  
Catherine Shaughnessy, West Bloomfield Township Clerk