



Application for a Business License – Temporary Event

George T. Darany, City Clerk
City of Dearborn, 16901 Michigan Ave. Ste. 11, Dearborn, MI 48126
313-943-2010

DATE: _____

Name of Owner/Applicant: _____

Street address of Owner: _____

City, State, Zip: _____

Owner's phone number: _____

* * * * *

Name of Business to be licensed: _____

Street Address of Business: _____

City, State, Zip: _____

Business phone number: _____

Description of Business Activity

WILL YOU BE SERVING FOOD? Y / N

IF SO, HAVE YOU APPLIED FOR THE WAYNE COUNTY HEALTH DEPARTMENT TEMPORARY FOOD ESTABLISHMENT LICENSE? (Must provide copy of application) Y / N

CODE	TYPE OF LICENSE	FEE
<u>117</u>	<u>STREET VENDOR</u>	<u>\$ 50.00</u>

I HEREBY SWEAR OR AFFIRM THAT ALL STATEMENTS MADE HEREIN ARE TRUE & CORRECT.

X _____

ICHAT

PROCEDURE TO SEARCH CRIMINAL HISTORY RECORDS, BY NAME, WITHOUT FINGERPRINTS:

The search by name is only for criminal convictions that may be on file. Most employment checks are by name only, unless fingerprints are required for licensing or by state law.

- Go to **www.michigan.gov/ichat**. You will be required to register with an email address as well as your name and address. All fields marked with an asterisk (*) are mandatory. You will need to create your own password; the password must be between 6 and 12 characters long, contain both letters and numbers, and it is case sensitive.
- Once you have registered, click on "Search for Criminal History". You will be asked how many searches you wish to perform.
- You will then be prompted for credit card information. The cost is \$10.00 for each search, payable with a Visa or MasterCard credit or debit card.
- Once your credit card transaction has been approved, you will be sent to the search information page. All fields marked with an asterisk (*) are mandatory; the search cannot run without name, race, date of birth, and gender. You are also allowed up to three variations on a name.
Examples: Mary Jane Doe, Mary Jane Smith, Jane Doe, and Jane Smith can all be searched together.
- Once you click on the submit button, the search should be completed in less than a minute. You will still be on the search screen. Scroll down and you will be given the option of doing more searches or viewing the responses.
- When you view the response, click on the person's last name. You will either be told that the person has no record or you will be shown the person's conviction record.
- Make sure to print a copy of your record and bring with you directly to the Records Bureau located inside the Dearborn Police Dept. located at:

16099 Michigan Ave.
Dearborn, MI 48126

Records Bureau Hours: Mon & Wed 12:30 pm - 4:30 pm;
Tues & Thu 8 am - 11:30am; 12:30 pm - 4:30 pm;
Fri 8 am - 11:30 am

For further questions regarding iChat process, contact the State of Michigan at:

Phone (517) 241-0606



City Clerk License Referral

George T. Darany, City Clerk
City of Dearborn, 16901 Michigan Ave. Ste. 11, Dearborn, MI 48126
313-943-2010

DATE _____

NEW LICENSE _____

RENEWABLE _____

LAST DATE RENEWED _____

DEPARTMENT REFERRED TO POLICE

APPLICANT NAME		BUSINESS NAME	
APPLICANT STREET ADDRESS		BUSINESS STREET ADDRESS	
SIGNATURE OF APPLICANT		LICENSE(S) APPLIED FOR	Street Vendor Code 117

Office Use Only

APPROVED _____

NOT APPROVED _____

COMMENTS _____

DATE

SIGNATURE INSPECTOR/OFFICER

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER (Company Name & Address)	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Your name or Business name & Address	INSURER A: (Insurer Name)	(NAIC#)
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ 100,000.00 DAMAGE TO RENTED PREMISES (Ee occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 100,000.00 GENERAL AGGREGATE \$ 100,000.00 PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate Holder is an additional insured as per contract requirements.

CERTIFICATE HOLDER City of Dearborn 16901 Michigan Avenue Dearborn, MI 48126 fax (313) 943-2011 email: dbnclerk@dearborn.gov	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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