

Canton Clerk's Office

Township Clerk's Office
1150 S. Canton Center Road
Canton, Michigan 48188
(734) 394-5100

(Send or bring Application and a copy of the Certificate of Occupancy)

APPLICATION FOR SMOKING LOUNGE BUSINESS LICENSE

New _____ Renewal _____

1. Business Name _____ Business Phone _____
2. Applicant's Name _____
Driver's License or Alternate ID# _____ Expiration Date _____
Business Address _____ Canton, MI, Zip _____
Business Type (e.g. cigar bar, hookah lounge 0% nicotine) _____
Zoning District _____
Parcel ID# _____
3. Manager/Local Agent Name (if different) _____
Date of Birth _____
Driver's License or Alternate ID# _____ Expiration Date _____
Home Address _____ MI Zip _____
Home Phone _____ Length of Residence in MI _____

***If business is a corporation, limited liability company, or partnership, attach additional pages for each person with an Influential Interest in the business. See Code Section 18-502.**

- i. Experience in operating a Smoking Lounge (list name of lounge, address and number of years of experience):

- ii. Have you ever been convicted or pled nolo contendere (no contest) to any of the disqualifying criminal acts listed in §18-402? Circle one: YES or NO

If yes, state when and where:



I hereby consent to Canton Public Safety running a criminal background check:
(Required for each applicant.) _____
Sign here _____

iii. Have you ever had a license revoked under the penalty provisions of the Michigan Liquor Control Code, PA 58 of 1998? Circle one: YES or NO

If yes, state when and why

iv. Has any business in which you have had an influential interest, as defined in Code §18-402, in the past seven (7) years, ever been:

v. Been declared by a court of law to be a nuisance, as defined under the Revised Judicature Act, MCL 600.3801 (circle one): YES or NO

vi. Been subject to a court order of closure or padlocking (circle one): YES or NO

On the attached page, please provide a statement of your proposed operation.

I hereby certify that the above statements are true.

Applicant's Signature

Date

STATE OF MICHIGAN)
)ss
COUNTY OF WAYNE)

The foregoing instrument was acknowledged before me this __ day of _____ 20__, by _____, the _____ of _____, a Michigan _____.

_____, Notary Public
_____ County
Acting in _____ County
My commission expires: _____

PARTNERSHIP/CORPORATION APPLICATION INSTRUCTIONS:

If the applicant is a partnership, each active partner shall join in the application for the license, and shall furnish all the necessary information and recommendations required of an individual applicant, attach additional pages if necessary.

If the applicant is a corporation authorized to do business in this State, the agent of the corporation who will have principal charge of the premises established shall make the application, and the application shall contain all of the facts and recommendations required in the case of an individual. The license issued to a corporation is revocable upon a change in the agent managing the premise, and a new license may be required by the Township Board of the Charter Township of Canton before a new agent may take charge of the premise.

If the applicant is a limited liability company, the name and address of each member, manager and assignee of a membership interest shall be listed, and the articles of organization shall be attached to the application.

DATE ROUTED TO DEPARTMENTS FOR INSPECTIONS

Department	Approved	Disapproved	Signature	Date
Police				
Ordinance				
Building				

Date Licensed Issued by Township Clerk's Office

<u>Fees pursuant to Chapter 18 of the Charter Township of Canton Code of Ordinances</u>
Application Fee: \$170.00
Paid on: _____

Updated 12-6-2016

Charter Township of Canton Township

Statement of Proposed Operation

Please use this template as a specific guide to explaining the scope of your project. This required information will assist all individuals, departments, and agencies in their review and drafting of their comments, conditions and suggestions. Our goal is to facilitate an accurate and complete description of your project in order to avoid unnecessary delays in gathering additional information. This form must be completed and submitted with your application.

Project description:

Is being submitted by _____ of _____ pertaining to property located at _____.

The proposed hours of operation are from _____ to _____ on _____

Other facts pertinent to this project are as follows: (Please describe your operation in as much detail as possible including anticipated traffic- customers, deliveries, special events, number of employees, required equipment, on-site storage, noise generation or any hazardous materials, etc.) _____

