



Chris Swope

Lansing City Clerk

Ice Cream Peddler License Application

(City Codified Ordinances – Chapter 844.01 – 844.99)

https://library.municode.com/mi/lansing/codes/code_of_ordinances?nodeId=COOR_PT8BURETACO_TIT2BURE_CH844PESOTRME_ARTIIICRCOPE

Applicant Checklist: (Ensure All Items Completed)

Payment: ☐

Background Check: ☐

Insurance: ☐

Notarized: ☐

Application Completed: ☐

Notarization can be done
in City Clerk's office.

NON-REFUNDABLE LICENSE FEES:

\$75 per Vehicle for 12 Month License/ \$15 per Vehicle for 6 months
\$35 per Agent/ Employee of the Company for Background Check per LCO 844.22
Paper Submission Fee: \$25.00 (to avoid this fee submit the online application at:

<https://www.lansingmi.gov/235/Business-Licenses>)

---ALL FEES ARE DUE AT TIME OF APPLICATION---

Business Name		Business Phone Number	
Business Address	City	State, Zip	

Business Owner		Owner Phone Number	
Owner Address	City	State, Zip	
Owner Email Address			

Lansing City Clerk's Office
Ninth Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695
517-483-4131 • 517-377-0068 FAX
www.lansingmi.gov/clerk • city.clerk@lansing.mi.gov

Same as above: ☐

Applicant Name		Applicant Phone Number	
Applicant Address	City	State, Zip	
Driver's License Number (Including State)			
Applicant Email Address			

Goods to be sold:

Michigan Sales Tax License #

Insured By (Policy to be filed with city and presented with license application)	
Expiration Date	Insured Amount

By signing, I the applicant, certify that I have sent, or will send, each and every person to be employed, current and future, under this license for a police background check, as required under City Code 844.22(b). I understand that ANY violation of the City Code may result in the *immediate* revocation of this license.

Applicant's Signature

Date

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ICE CREAM / CONFECTION LICENSE

LIST OF EMPLOYEES

NAME	Date of Birth	Driver's License #	Background Included &	Check Approved

LIST OF VEHICLES TO BE USED

Veh. #	Vehicle Identification Number (VIN)	License Plate	Weight on Registration

Information of the Company, including license plates and employee names, may be posted on the City of Lansing website for verification by citizens

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NOTARY USE ONLY

Subscribed and sworn to before me by _____ on this
day (MM/DD/YYYY) _____, acting in the County of _____,
Michigan.

Signature of Notary _____

Printed Name of Notary _____

County of Notary Commission _____

Commission Expiration Date _____

OFFICIAL USE

Amount paid: _____

Date paid: _____

License #: _____

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Criminal History Conviction Record Check Authorization

As part of the Licensing process, we need you to complete the background and criminal history record check authorization below. This information must be returned with your application to the Lansing City Clerk's Office, 9th Floor City Hall, 124 W. Michigan Ave., Lansing, MI 48933. Please call us at (517) 483-4133 if you have any questions.

Complete a separate form for each individual subject to background check.

Date: _____

I _____ authorize the release of any and all information from any appropriate agency regarding my criminal conviction history to the Lansing City Clerk's Office. I understand that my ethnicity, date of birth, sex and my age will not be made a part of my Application and that none of these four (4) items will be considered in the review of my License.

I acknowledge that a complete full background investigation, including, but not, limited to a State Police Criminal Conviction Record Check will be done.

I further understand that the Lansing City Clerk's Office has the right to deny my License based upon the results of this investigation.

(Please Print Clearly)

Full Name: _____
First Middle Last Maiden/Other

Date of Birth: _____ Sex: _____ Race: _____

Social Security No: _____ Driver's License # _____

List all names ever used: _____

Signature: _____ Date: _____

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CITY OF LANSING
TREASURER'S OFFICE/INCOME TAX DIVISION
Room G-29, First Floor, City Hall
124 W Michigan Ave
Lansing, Michigan 48933
(517) 483-4121
FAX (517) 483-6084

ANDY SCHOR, MAYOR

LANSING TREASURY INFORMATION REQUEST

COMPLETE A SEPARATE FORM FOR EACH INDIVIDUAL SUBJECT TO VERIFICATION

Date: _____

APPLICANT/EMPLOYEE INFORMATION

Name (RA): _____

Home Address: _____

Daytime Phone Number: _____

Social Security (last 4 digits ONLY): _____

Drivers License # _____

Date of Birth: _____

EMPLOYER/BUSINESS INFORMATION

Corporate Name: _____

Doing Business As (DBA): _____

Address: _____

Business Phone Number: _____

FEIN #: _____

Date business was established: _____

Do you, or any of these businesses, owe the City of Lansing money for any reason? ☐ Yes ☐ No

If Yes, for what reason? _____

Name of any other Lansing area business in which your ownership participation exceeds 25%

Signature

Date

Revised 5/9/2018