

City of Allen Park

16630 SOUTHFIELD ROAD SUITE 3100
ALLEN PARK, MICHIGAN 48101-2557
PHONE: 313-928-1144
FAX: 313-382-7946
www.cityofallenpark.org



The following process will be used in the issuance of the Ice Cream Vendor License. The license is good for the calendar year and all licenses expire on December 31st.

Annual Fee

\$200.00 per truck

Application

Complete the Application and the Police Approval forms and return them to the Clerk's Office.

Proof of Insurance

Please provide a copy of the up-to-date proof of insurance for each vehicle that is being licensed

Vehicle Inspection

Once the application forms are complete and proof of insurance is provided, you will need to contact Officer Jim Soden, CVSA Instructor of the Allen Park Police Department, to schedule a vehicle inspection. Officer Soden can be reached at the department's non-emergency number at (313) 386 7800. Choose option 7 to speak with an officer.

Once the approved police background check and vehicle inspection are completed and returned, the request will be placed on the agenda for the next possible City Council Meeting for final approval. At present, the City Council meets during the second and fourth Tuesdays of every month.

If you have any questions, please contact the Clerk's Office at (313) 928 1144.

A handwritten signature in red ink that reads "Michael I. Mizzi". The signature is written in a cursive style.

Michael I. Mizzi, City Clerk

City of Allen Park
Office of the City Clerk
16630 Southfield Road Suite 3100
Allen Park, MI 48101

APPLICATION FOR ICE CREAM VENDOR PERMIT

Name of Business _____

Address of Business _____

Type of Business _____

Business Telephone Number () _____ Extension if applicable _____

Fax Number () _____ E-MAIL _____

Name of Owner (s) _____ Home Telephone () _____

Home Address _____

Name of Local Supervisor (s) _____

Home Telephone () _____

Home Address _____

In case of Fire or Police emergency, person or persons to be contacted who are in the area:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

APPLICANT'S
SIGNATURE _____

AMOUNT OF FEE **\$ 200.00** DATE PAID _____ STAFF INITIALS _____

RECEIPT NO. _____ TAB # _____ LICENSE NUMBER _____

CITY OF ALLEN PARK

OFFICE OF THE CITY CLERK

16630 SOUTHFIELD ROAD SUITE 3100, ALLEN PARK, MI 48101

TO: ALLEN PARK POLICE DEPT

FROM: CITY CLERK'S OFFICE

DATE: _____

The following individual is applying for an Ice Cream Vendor Permit. Please inspect your records and complete the Approval/Disapproval of License portion of this form. Completed forms should be returned to the Clerk's Office for further processing.

Name of Business Owner _____
(First) (Full Middle) (Last)

Address, City, State Zip _____

Social Security # (Last 4) _____ Drivers License/State ID # _____

Birth date _____ Name of Other Businesses _____

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APPROVAL/DISAPPROVAL OF BUSINESS LICENSE

The Department of _____ herewith approves/disapproves
the application of: _____

for an Ice Cream Vendor Permit with the City of Allen Park

Date of Approval/Disapproval _____

Date Returned to City Clerk _____

Dept. Representative Signature _____