

List below the full name or names, residence address, and age of the owner(s):

Name Residence Address

Executive Officers Residence Address

Stockholder Residence Address

Stockholder Residence Address

If the business is conducted under an assumed name, give name, age and residence address of each owner.

Name Residence Address

Name Residence Address

Name Residence Address

The site or sites to be used as a used car lot are as follows:

Has applicant ever previously applied for a license? YES NO

If yes, give year of application, disposition, and license number if license was approved:

Application Year	Approved / Denied	License Number
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If applicant is a co-partnership or a corporation, have any of the partners, employees, officers or directors been refused a license or been a holder of a license which has been revoked or suspended? YES NO

If yes, provide the following information:

Holder of suspended license (full name): _____

Year suspended: _____ By whom? _____

Cause of suspension: _____

Michigan Department of Revenue sales tax license number: _____

Length of time in business as a dealer in used motor vehicles continuously prior to the application: _____

State Motor Vehicles License number for the current year: _____

To be completed in the presence of a Notary:

STATE OF MICHIGAN, County of _____

I, _____ do solemnly swear (or affirm) that the statements contained in the foregoing application are true and correct and that I, as an individual, as a members of a partnership, or as an officer of the corporation have authority to sign this application and to make the statements contained herein. I do solemnly swear that I have read the provisions of the applicable Township Ordinance, and I fully understand the terms of same and know that I must comply with it and all other Township Ordinances and State Laws relative to the operation of a business in the Charter Township of Lansing.

Signature, Applicant

Subscribed and sworn to before me this _____ day of _____ C.E., _____.

_____, County of _____, acting in the County of _____.
Notary Public

My commission expires: _____

To be completed by the Township Clerk:

Application for license approved by the Lansing Charter Township Board of Trustees at a meeting held at the Lansing Township Offices on the _____ day of _____ C.E., _____.

Clerk, Charter Township of Lansing