

City of Troy
City Clerk's Office
500 West Big Beaver
Troy, Michigan 48084
(248) 524-3331



INSTRUCTIONS FOR TEMPORARY MERCHANT BUSINESS APPLICATION

STEP I. APPLICANT:

- Submit the **completed** Temporary Merchant Business Application (**TYPED OR PRINTED**) to the City Clerk's Office with the following:
 - Sketch plan, drawn to scale, that clearly identifies the property:
 - Parcel boundaries;
 - Footprint and dimensions of all existing and proposed buildings and structures;
 - All curb cuts, drive aisles, and parking spaces;
 - All sidewalks;
 - Exact location of the proposed Temporary Merchant Business, including exact location of the following:
 - ❖ Signage (**include dimensions, location, method of support**)
 - ❖ Sales office
 - ❖ Display and Service Areas
 - ❖ Staff and Customer Parking Areas
 - ❖ Restroom Facilities
 - ❖ Other activities associated with proposed Temporary Merchant Business
 - SIDEWALK SALES ONLY:** Written statement indicating all other shopping center commercial establishments have been notified of the proposed Sidewalk Sale
 - Written proof that applicant owns or leases premises for operation or has permission from property owner to operate temporarily on the property (restrictions clearly identified)
 - Payment of application fee (cash, debit card, check or money order payable to City of Troy are accepted)
 - Additional attachments detailed on page 3 (for corporations, LLC's, partnerships)

STEP II. APPLICANT/CITY CLERK'S OFFICE:

- Review accuracy of completed application. Make cope of bond check.
- Process application fee; give one receipt to applicant, second receipt for file
- Inform applicant that processing time is approximately 3 weeks

STEP III. CITY CLERK'S OFFICE:

- Route application packet electronically for approval/denial
- Notify applicant application is approved

STEP IV. APPLICANT/CITY CLERK'S OFFICE:

- Provide insurance policy detailed on page 3
- Payment of \$500 bond fee
- City Clerk's Office issues license

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TEMPORARY MERCHANT BUSINESS LICENSE APPLICATION

Date _____

FEES: APPLICATION \$100.00
BOND (Cash or Check): \$500.00 (bond will be returned upon site clean-up inspection)
EXTENSION: \$100.00

(Please type or print neatly)

Applicant's Name _____ Date of Birth _____
Home Address _____ Email _____
City/State/Zip _____ Phone _____
Driver's License #: _____

TEMPORARY BUSINESS INFORMATION

Temporary Business Name _____
Temporary Address _____
Troy Zip Code _____ Phone _____

Location (specific mall, plaza, hotel, etc.) : _____
Location must comply with ordinance zoning requirements

Days & Hours of Operation: _____
Hours of operation limited to: 9:00AM to 9:00PM

Requested Term of License: _____

- Temporary Merchant Businesses are restricted to one 90-consecutive-day period with one 90-consecutive-day extension per calendar year.
- Sidewalk Sales are restricted to one 72-hour sale per 30-day period per shopping center during a calendar year

- Temporary Indoor Use Temporary Outdoor Use Christmas Tree Sales
 Mobile Windshield Repair Sidewalk Sales

Applicant's History of Experience in Operating a Similar Business? _____

List applicant's employment or business practice including other communities where proposed licensed business was operated (attach a separate sheet if needed):

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Have you ever been arrested? Yes No
 Have you ever been convicted of a crime? Yes No

I, _____, do hereby acknowledge and subscribe to the foregoing instrument and declare all statements to be true. I authorize the City, its agents and employees, to seek information and conduct an investigation to verify the veracity of the information provided, including Police records checks of all individuals listed on this application.

 Applicant's Signature

REQUIRED ATTACHMENTS: (In addition to Step I from cover page)

❖ Is the Applicant one of the following?

<u>Corporation</u>	If Yes, attach a separate sheet detailing the names and permanent addresses of each officer, director, resident agent, 10% stockholder; list the address of the corporation or resident agent in Oakland County. Attach copy of Articles of Incorporation.
<u>Partnership</u>	If Yes, attach a separate sheet detailing the name, and permanent address of each partner. Attach copy of Partnership Agreement.
<u>Limited Liability Company</u>	If Yes, attach a separate sheet detailing the name, and permanent address of each member, manager or person with a membership interest. Attach a copy of Articles of Organization.

❖ Certificate of Insurance in the amount of \$1,000,000.00, naming the City of Troy as additional insured for general liability insurance coverage; in accordance with the attached Sample Insurance Certificate and Endorsement.

Approval of this application is determined by the following departments:

Building, Fire, Planning, Police, Risk Management, Treasurer

Contact the Building Department on last day of sale to schedule site clean-up inspection

Pursuant to Chapter 61 of the City of Troy Code of Ordinances, the \$500 bond will be returned upon site inspection and approval. Allow 2 weeks for administrative processing of check request.

Sample Additional Insured Endorsement for General Liability

ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

Named Insured			Endorsement Number 4
Policy Symbol HDO	Policy Number 1	Policy Period 10/01/2014 TO 10/01/2015	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SECTION II - WHO IS AN INSURED, is amended to include as an additional insured:

Any person or organization to whom you become obligated to include as an additional insured under this policy, as a result of any contract or agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of your operations, completed operations, or premises owned by or rented to you. However, the insurance provided will not exceed the lesser of:

- The coverage and/or limits of this policy, or
- The coverage and/or limits required by said contract or agreement.

Authorized Agent

Sample Additional Insured Endorsement for Automobile Liability

**ADDITIONAL INSURED -
DESIGNATED PERSONS OR ORGANIZATIONS**

Named Insured			Endorsement Number 2
Policy Symbol ISA	Policy Number	Policy Period 10/01/2014 TO 10/01/2015	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

The above is required to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
GARAGE COVERAGE FORM
EXCESS BUSINESS AUTO COVERAGE FORM
EXCESS TRUCKERS COVERAGE FORM**

Additional Insured(s): Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.

- A. For a covered "auto," Who is insured is amended to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts or omissions of:
1. You.
 2. Any of your "employees" or agents.
 3. Any person operating a covered "auto" with permission from you, any of your "employees" or agents.
- B. The persons or organizations named in this endorsement are not liable for payment of your premium.

Authorized Representative