

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



(Send Application & Remittance to Above Address)

APPLICATION FOR SMOKING LOUNGE LICENSE MANAGER

(Use for *additional* Managers at specified Smoking Lounge)

Date _____

Business Name _____ New _____ Renewal _____
Email _____

Address _____ Troy, MI Zip _____

Business Type _____

Manager/Operator _____ Date of Birth _____

Home Address _____ Home Phone _____

City/State/Zip _____ Length of Residence in Michigan _____

Driver's License # _____ Social Security # _____

Experience in Operating a Smoking Lounge:
(List name of Lounge, years and address)

Have you ever been arrested or convicted of a crime? _____ If yes, state when and where _____

Past Employment Experience:

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omissions or false statement on my application shall be sufficient cause for rejection of my application. This application shall not be completed by anyone other than the applicant.

Applicant's Signature

Approval of this application is determined by the Police Department

Revised 06.02.2015