

CITY OF AUBURN HILLS APPLICATION FOR SMOKING LOUNGE

Smoking Lounges wishing to operate in the City of Auburn Hills must complete an application in accordance with Ordinance 13-857. This license application must be renewed annually by March 31.

Instructions:

Pages 1&2 of the application pertains to the Smoking Lounge business information.

If the applicant is a partnership, corporation, limited liability company, or other legal entity, then all persons with an influential interest in the entity shall be deemed an applicant and shall provide the information required by this ordinance. (page 3)

An Influential ***Interest is defined as:***

- 1) actual power to operate or control the operation, management, or policies of a current or prospective business;
- 2) including the manager of the prospective business, or ownership of a financial interest in the business, or ownership of an interest that is ten percent (10%) or more of the total interest of a current or prospective business, including such business entities as a firm, partnership, limited partnership, association, limited liability company, or corporation or
- 3) holding an office, such as, e.g., president, vice president, secretary, treasurer, managing member, managing director, etc., in a legal entity which operates a current or prospective business.

Each applicant must be qualified under section 10-110, and each applicant shall be considered a licensee if a license is granted and must complete Page 3 of this application.

In addition to the application the following supporting documents shall be attached to the application:

1. A copy of the State issued exemption certificate for the premises; or if a transfer has been applied for, a copy of the application filed with the State.
2. Legal Description of property where lounge will be located.
3. Provide an operational statement outlining the proposed manner in which business will be operated (to include any security/crowd control plans):
4. Most recent Financial Statement showing gross revenue, smoking lounge revenue, and advertising expenditures
5. Copies of Government issued photo identification for each person's Influential interest application.

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New _____ Renewal: _____ Transfer: _____ Date: _____

Applicants/Business Name _____ Phone # _____

Address _____ Website _____

Location of Lounge (if different then above): _____ Auburn Hills MI,
48326 Location's Phone Number: _____

Legal Description _____ attached Zoning Classification _____

Designated Local Agent:

Last Address	First	Middle
Street	Mobile Phone	
City	Home Phone	
State	Zip Code	Drivers License #
	Date of Birth	email address

Other affiliated locations both current and past locations of Smoking lounge(s) this includes out-state licenses:

License Type	Location (City, State)	Licensee	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any license violations of Public Act 188 the Smoke-Free Air Law issued either to the applicant, any owners, the corporation or entity for the preceding three (3) years:

Where	Date	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Liability Insurance:
Insurance Carrier _____

Name of Agent _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____

Amount of Coverage _____ Certificate of Insurance Attached ____ Yes ____ No

Address _____
Number _____ Street Name _____

Is the proposed location of business located within 500 feet of a school or church
_____ Yes _____ No

Hours of Operation:

Monday _____ to _____

Friday _____ to _____

Tuesday _____ to _____

Saturday _____ to _____

Wednesday _____ to _____

Sunday _____ to _____

Thursday _____ to _____

I, _____, being the applicant for the Smoking lounge
for

_____ located at _____,
Proposed Business _____ Address _____

by and through its president, does hereby offer the assertion that the proposed use would be compatible with the surrounding land uses and compatible with abutting roadways and will not cause an interference to traffic and/or impair traffic flow.

President/Owner/Resident Agent

Date

Notary:

State of _____, County of _____

On this _____ day of _____, 20_____, before me personally appeared _____, who being duly sworn, says that he/she signed the questionnaire consisting of 3 pages and that the statements contained therein are true.

**CITY OF AUBURN HILLS
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Application for Person of Influential Interest

Smoking Lounge: _____

Role/Interest of the below listed person in Smoking Lounge: _____

Last First Middle

Known by any other names in the last 7 years? List _____

Address

Street Mobile Phone

City Home Phone

State Zip Code Drivers License # Date of Birth email address

Criminal Record**

Have you ever been arrested for a crime _____ Yes _____ No _____ If so,
Charge _____ where _____ when _____
Charge _____ where _____ when _____
Charge _____ where _____ when _____

** Out-of-state residents must submit certified record of criminal history from the State Police and certified driving record from the State Department of Motor Vehicles with application.

List any license violations of Public Act 188 the Smoke-Free Air Law issued to the Person of Influential Interest applicant, for the preceding three (3) years:

Where	Date	Outcome
_____	_____	_____
_____	_____	_____
_____	_____	_____

I assert that the above information is truthful.

Applicant Signature

Date