



**Hotel, Motel License Application
Office of the City Clerk**

1827 N. Squirrel Road
Auburn Hills, MI 48326
248-370-9402 / clerk@auburnhills.org

2 Year License Fee - \$250
Late Fee - \$100

NOTE: Failure to complete this application completely and accurately will result in the denial of your license.

HOTEL / MOTEL INFORMATION

Name of Hotel:

Hotel Address:

Telephone:

Business email:

Corporation Name or DBA:

Number of Rooms: Average Rates per Night: Kitchenettes: ☐ Yes ☐ No Swimming Pool: ☐ Yes ☐ No

STAFF REPRESENTATIVE

Morning Manager on Duty:

(Last)

(First)

(Middle I.)

Phone Number:

Email:

Evening Manager on Duty:

(Last)

(First)

(Middle I.)

Phone Number:

Email:

GENERAL MANAGER PERSONAL INFORMATION

General Manager (*corporate contact person*):

(Last)

(First)

(Middle I.)

Driver's License Number:

DOB:

Address:

Phone Number:

Email:

General Manager Criminal History: (excluding traffic violations, ten years preceding date of application) N/A

Conviction:

Date of Conviction:

Jurisdiction:

Conviction:

Date of Conviction:

Jurisdiction:

Owner / Operator Information

Please fill out the following information accordingly. Add extra sheets as needed.

Corporate Address:

Resident Agent (in Oakland County):

Resident Agent Phone:

Is this a
(mark with an x)

☐

Corporation

☐

Partnership

☐

Have
Stakeholders

☐

Not
Applicable

Previously owned/operated hotel?
(mark with an X)

☐

Yes
(Please complete the following
information)

☐

No

Names, Residence Address, and Telephone of each Officer or Director holding more than 10% stock of the Corporation and may be involved in the management or operation of the business:

Agent Name:

Address:

Agent Name:

Address:

Agent Name:

Address:

Previously Operated

Hotel Name:

Hotel Address:

Operated under a state or municipal license: Yes___ No___ N/A___

Prior history of revocation or suspension of license: Yes___ No___

Dates owned/operated:

Hotel Name:

Hotel Address:

Operated under a state or municipal license: Yes___ No___ N/A___

Prior history of revocation or suspension of license: Yes___ No___

Dates owned/operated:

Previous work history for three years preceding date of application

Employer:

Address:

Employer:

Address:

Employer:

Address:

I hereby affirm that I have truthfully completed this application and all information and attachments hereto to the best of my knowledge; that I have read Auburn Hills City section 22 of the Auburn Hills Code of Ordinances and all applicable City of Auburn Hills Ordinances and State Laws. I agree to operate this business in accordance with all Federal, State and Local laws, ordinances, and rules and regulations. I understand that false information or non-compliance with applicable laws may result in the denial, revocation, or non-renewal of any license under the above act. By signing this application, I give authorization to agents of the City of Auburn Hills to conduct an investigation into the information provided in this application and agree to cooperate in this investigation by providing any pertinent information to investigators upon request (tax records, business records, profit/loss statements or other financial records relating to the operation of the hotel). I understand that certain inspections of the hotel may be required, and I agree to fully cooperate with these inspections.

Signature:

Date:



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FOR OFFICIAL USE

Establishment Information

Doing Business As (d/b/a) _____

Corporate Address _____

REQUIRED

Building Department

☐

Approved

☐

Denied

Date: _____

Finance Department

☐

Approved

☐

Denied

Date: _____

Fire Department

☐

Approved

☐

Denied

Date: _____

Police Department

☐

Approved

☐

Denied

Date: _____

Signature, Director or Representative _____

Date License Issued/Denied _____, 20____

Remarks: _____
