Restaurant/Bakery/Other Food Establishments or Services Application

Please mail completed form & fees to:
Livonia City Clerk
33000 Civic Center Drive, Livonia, MI 48154-3097

Make checks payable to 'City of Livonia'
Phone: (734) 466-2228

Full Name _____
First Middle Last

Home Address _____
Address City State Zip

Phone _____ **E-mail** _____

Business Name_____
(as it should appear on license)

Location of Business _____
Address City State Zip

Business Phone_____

Preferred Mailing Address _____

- **Fee**: $25

***License always expires on November 30th every year**

- **Itinerant Restaurant/Transient Food Vendor (limited to 7-day period) → Fee: $15**
  - **If** itinerant restaurant/transient food vendor, please include the name & dates of event:

    _____

Signature _____ Date _____