



ROSEVILLE POLICE DEPARTMENT
CHIEF RYAN MONROE
29753 GRATIOT
ROSEVILLE, MI 48066
PHONE (586) 447-4475 FAX (586) 445-5066

MEDICAL CERTIFICATE

(Must be dated no more than 30 days from application date)

I certify that I have examined _____ and found him/her to be free of infectious, contagious, or communicable disease and further certify that he/she is physically capable of operating a vehicle, so as to not endanger himself/herself or others. The above named person is not taking medication or drugs which hinder one's ability to perform.

DATE: _____

SIGNATURE: _____ M.D. / D.O.

ADDRESS

CITY STATE ZIP

() _____
AREA CODE PHONE NUMBER

* NO LICENSE WILL BE ISSUED WITHOUT PHYSICIAN APPROVAL CERTIFYING THE APPLICANT TO BE FREE OF ANY INFECTIOUS, CONTAGIOUS, OR COMMUNICABLE DISEASES.

ICE CREAM / CATERING TRUCK APPLICATION



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LICENSE FEE:
\$35.00 per truck
\$20.00 per driver

License is issued subject to conformance by applicant to all ordinances, rules and regulation of the City of Roseville.

NEW RENEWAL

PLEASE COMPLETE APPLICATION IN FULL

APPLICANT NAME: _____ PHONE: _____

APPLICANT ADDRESS: _____
street city state zip

DATE OF BIRTH: ____ / ____ / ____

EMAIL ADDRESS: _____

NAME OF COMPANY: _____

BUSINESS ADDRESS: _____
street city state zip

CHAUFFEUR LICENSE NO. _____ (Please Provide a Copy)
(MUST SHOW CURRENT DRIVER'S LICENSE)

I certify that all statements on this application are true. I understand that any false information may result in the revoking or suspension of the above license.

Signature: _____

AFFIX PHOTO HERE: _____

Print Name: _____

* THIS LICENSE IS NOT TRANSFERABLE & NON-REFUNDABLE

REQUIREMENTS:

- COMPLETED APPLICATION
- Truck must be Inspected By Police and Fire
- Background Check (You must obtain your own background check at www.michigan.gov/ichat) cannot be dated more than 30 days prior to submission
- Driving Record (Please obtain a certified copy of your driving record from the Secretary of State) cannot be dated more than 30 days prior to submission
- Copy of Registration and Valid Insurance "cannot be dated more than 30 days prior to submission".
- Medical Examination Certificate Attached - "Signed by a Licensed Physician stating you are free of any infectious diseases. The physical form cannot be dated more than 30 days prior to submission".
You may go to your own personal doctor or any medical clinic
- Chauffeur's License (May be obtained from the Secretary of State)
- 2 Identical Photos - must by 2" by 2" in size. (Can be obtained at any drugstore or Kinko's)

OFFICE USE ONLY

- Route to Traffic for approval TRAFFIC BUREAU APPROVAL : _____
- Route to Fire for approval FIRE APPROVAL : _____
- Collect fee, Have applicant sign license form.
- Attached photos to license
POLICE DEPARTMENT Approval: _____ Date: _____

Ice Cream Truck or Ice Cream Bicycle License

Expires May 1st every year

(owner/manager to complete application)

- Complete application
- Provide a criminal history for applicant (available at www.michigan.gov ICHAT link.
- Provide two personal references
- Truck/bicycle must be inspected by the Traffic Bureau (447-4495).
- If the truck has propane tanks they must be inspected by the Fire Department (447-4577).
- \$35.00 License fee per truck or bicycle.