

**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**

(For Businesses with Smoking Lounge Revenue Greater than 35% of Gross Revenue, or Greater than 35% of Advertising Expenditures Dedicated to Advertising Smoking at the Establishment )

Date \_\_\_\_\_

Business Name \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_  
Email \_\_\_\_\_

Address \_\_\_\_\_ Troy, MI Zip \_\_\_\_\_

Manager/Operator \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Length of Residence in Michigan \_\_\_\_\_  
Driver's License # \_\_\_\_\_ SS# \_\_\_\_\_

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

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

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Past Employment Experience:

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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.

\_\_\_\_\_  
Applicants Signature

**SEE REVERSE SIDE OF THIS FORM FOR ADDITIONAL INSTRUCTIONS**

**ATTACHMENTS:**

1. A SCALE drawing of the premise on which the business will be conducted, showing uses of proposed space including: exit, public restroom, drinking fountain, useable floor area, and area dedicated to smoking
2. Most recent Financial Statement showing gross revenue, smoking lounge revenue, and advertising expenditures
3. Most current “Notice of Decision – Exemption From Smoke Free Law” issued by the State of Michigan Department of Community Health for this location

**PARTNERSHIP/CORPORATION APPLICATION INSTRUCTIONS:**

If the applicant is a partnership, each active partner shall join in the application for the license, and shall furnish the information and recommendations required of an individual applicant.

If the applicant is a corporation authorized to do business in this State, the agent of the corporation who will have principal charge of the premises established shall make the application, and the application shall contain all of the facts and recommendations required in the case of an individual. The license issued to a corporation is revocable upon a change in the agent managing the premise, and a new license may be required by the City Council of the City of Troy before a new agent may take charge of the premise.

If the applicant is a limited liability company, the name and address of each member, manager and assignee of a membership interest shall be listed, and the articles of organization shall be attached to the application.

**DATE ROUTED TO DEPARTMENTS FOR INSPECTIONS** \_\_\_\_\_

<b>R</b>	<b>Approved</b>	<b>Disapproved</b>	<b>Signature</b>	<b>Date</b>
Police				
Fire				
Building				

Date Licensed Issued by City Clerk’s Office \_\_\_\_\_

<b>Fees pursuant to Chapter 60 of the City of Troy Code of Ordinances:</b>
Application Fee: \$100.00