

CHARTER TOWNSHIP OF OXFORD

**APPLICATION FOR LICENSE TO OPERATE MODEL HOME
OR TEMPORARY SALES OFFICE**

Please provide all of the following information to obtain a license to operate a model home or temporary sales office and submit to: Charter Township of Oxford, 300 Dunlap Road, Oxford, MI 48371.

**Each application must be accompanied by a non-refundable application fee of \$125.00.

Please print or type.

Name of applicant:

Name and position of the person completing the application on behalf of the applicant:

Applicant's principal place of business (do not use PO Box):

Phone number of applicant:

Contact person at the applicant's place of business:

CONTACT PERSON AND PHONE NUMBER AT THE REQUESTED HOME OR OFFICE LOCATION:

In case of a corporate applicant, the resolution of the applicant authorizing the person to complete the application:

Subdivision or development for which the model home or sales office will serve:

Address or specific location of the model home or sales office, by sidwell number, address, or specific location within the subdivision:

Please provide the following information regarding the person whom notice to the applicant may be sent by the Township:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Please provide the days and hours of operation of the sales office, the name and position of each person who will occupy the sales office (by the days and hours of occupancy), and the person(s) principle responsibility on the following page.

Monday

Hours _____ Person _____ Position _____

Responsibility _____

Hours _____ Person _____ Position _____

Responsibility _____

Hours _____ Person _____ Position _____

Responsibility _____

Tuesday

Hours _____ Person _____ Position _____

Responsibility _____

Hours _____ Person _____ Position _____

Responsibility _____

Hours _____ Person _____ Position _____

Responsibility _____

Wednesday

Hours _____ Person _____ Position _____

Responsibility _____

Hours _____ Person _____ Position _____

Responsibility _____

Hours _____ Person _____ Position _____

Responsibility _____

Thursday

Hours _____ Person _____ Position _____

Responsibility _____

Hours _____ Person _____ Position _____

Responsibility _____

Hours _____ Person _____ Position _____

Responsibility _____

Friday

Hours _____ Person _____ Position _____

Responsibility _____

Hours _____ Person _____ Position _____

Responsibility _____

Hours _____ Person _____ Position _____

Responsibility _____

Saturday

Hours _____ Person _____ Position _____

Responsibility _____

Hours _____ Person _____ Position _____

Responsibility _____

Hours _____ Person _____ Position _____

Responsibility _____

Sunday

Hours _____ Person _____ Position _____

Responsibility _____

Hours _____ Person _____ Position _____

Responsibility _____

Hours _____ Person _____ Position _____

Responsibility _____

The undersigned by the execution of the application hereby represents and affirms that the undersigned has read and is familiar with the requirements of the Oxford Township Zoning Ordinance No. 67 Section 2229 Temporary Sales Office. The applicant will not use the sales office for any other purpose except as allowed under this ordinance. The sales office, if approved by the Charter Township of Oxford, will not be used except as an office for the sale of property and/or homes. Additional permitted uses as defined in the ordinance within the subdivision where the model home or sales office is located allowed upon approval.

The undersigned applicant hereby consents during the term of the license to the Township representative(s) inspections, during the proposed hours of operation, the activity taking place in the sales office and to speak with the applicant's agents, representatives and employees at the sales office and those persons who use the sales office regarding the use of the sales office to verify compliance with this application.

The undersigned hereby represents to the best of her/her/their knowledge that the information provided in this application is complete and accurate.

Signature of applicant: _____

Print Name: _____

Title: _____

Date: _____