

**CHARTER TOWNSHIP OF WATERFORD**

5200 Civic Center Dr. • Waterford, MI 48329

Phone 248-674-6266 • Fax 248-674-5455

Web Page www.waterfordmi.gov**LICENSE #TM-_____****TRANSIENT MERCHANT PERFORMANCE BOND FORM****APPLICANT NAME:** _____**ISSUE DATE:** _____**LOCATION:** _____**EXPIRATION DATE:** _____**BOND AMOUNT:** \$ _____**DATE PAID:** _____**REFUND REQUESTED:** _____**NOTE: A FINAL SITE INSPECTION MUST BE ORDERED AND APPROVED WITHIN 30 DAYS****OF THE EXPIRATION DATE OF YOUR TRANSIENT MERCHANT LICENSE****OR YOUR BOND WILL BE FORFEITED AND ANY MATERIALS****LEFT ON THE SITE WILL BE CONFISCATED****TO ORDER YOUR FINAL SITE INSPECTION CALL 248-674-6238**

I understand that failure to order a final site inspection and secure approval within 30 days of the expiration of this license will result in the forfeiture of the above indicated bond and any materials left on the site will be confiscated.

APPLICANT NAME AND TITLE _____

DATE _____

Make bond refund check payable to: _____

IF BOND WAS PAID BY CHECK PAYEE MUST MATCH

Mail bond refund check to: _____

FOR OFFICE USE ONLY

INSPECTION AND APPROVAL DATE: _____

ACCOUNT # 70100-28308 TMBOND MUNIS VOUCHER# _____

REFUND CHECK # _____ REFUND CHECK DATE _____

ORIGINAL TO BE KEPT ON FILE IN THE CLERK'S OFFICE * COPY TO APPLICANT