



VIRTUAL CURRENCY
MACHINE (VCM)
LICENSING PACKET

Ordinance 20.901

All applicants are required to comply fully with 20.901 and any related zoning, building and business licensing provisions.

DATE: _____

SUBMIT TO:

CITY CLERK
CITY OF MOUNT CLEMENS
1 CROCKER BOULEVARD
MOUNT CLEMENS, MI 48043

<input type="checkbox"/> Virtual Currency Machine Owner/Operator License – FEE: \$300	Application completed & signed by the VCM Owner/Operator.
<input type="checkbox"/> Virtual Currency Machine Device– FEE: \$125 per machine.	Application completed & signed by the VCM Owner/Operator.
<input type="checkbox"/> LATE FEE Virtual Currency Machine Owner/Operator License – FEE: \$25	For application materials received after June 30.

1. DOCUMENT CHECKLIST

- Fully completed packet, signed by authorized representative(s), including all initials.
- Payment for applicable fee(s).
- Proof of applicant/entity registration (e.g., current LARA corporate record; assumed name/DBA filing, for the VCM Owner/Operator.
- Diagram or description of each machine’s placement within the premises.
- Sample/photo of required on-machine disclosures/warnings and hotline posting.
- Sample transaction receipt (REDACT any personal information).
- Sample daily log of transactions (REDACT any personal information).
- If renewal: list any changes since last approval (machines, location, ownership/operation, fees, disclosures, hotline/vendor, etc.).

SECTION A – VIRTUAL CURRENCY MACHINE (VCM) OWNER/OPERATOR (MACHINE LICENSE)

To be completed and signed by the Virtual Currency Machine Owner/Operator.

VCM Owner/Operator legal name:	
DBA / assumed name (if any):	
Entity type:	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Other: _____
LARA entity ID / registration no. (if applicable):	
Federal EIN (if applicable):	
Business address:	
Mailing address (if different):	
Business phone / website:	
Business email (for notices/renewals):	
Registered agent name:	
Registered agent address:	
Authorized representative name & title:	

A-1) OFFICERS / OWNERS / PRINCIPAL EMPLOYEES (attach additional sheet if needed)

Name	Role/Title (owner/officer/principal employee)	Business address	Phone / Email

A-2) DISCLOSURES – CONVICTIONS / COMPLIANCE (answer and attach explanation if “Yes”)

Has the license applicant (entity) OR any listed officer/owner/principal employee been convicted of a crime involving fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach details (name, offense, jurisdiction, date, disposition).
Are there any delinquent obligations owed to the City of Mount Clemens by the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation and approved payment plan documentation (if applicable).

Has the applicant ever had a VCM license denied, suspended, or revoked (Mount Clemens or elsewhere)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach details.
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A-3) MACHINE LOCATION (where the VCM(s) will be placed)

Host business name (premises):	
Premises address:	
Manager-on-duty contact name/title:	
Manager-on-duty phone/email:	
Number of VCMs at this location:	

A-4) CUSTOMER SERVICE HOTLINE (required)

Hotline number:	
Hours of staffing (must be staffed continuously while any VCM is capable of processing transactions):	
Vendor/third-party answering service (if applicable):	
Compliance method if hotline staffing is interrupted:	
Acknowledgement:	__ Initials If hotline staffing is interrupted, I will immediately disable transaction capability until hotline staffing is restored.

A-5) VCM INVENTORY (list each machine; attach additional schedule if needed)

Manufacturer	Model	Serial #	Virtual currency offered (e.g., BTC/ETH)	Capabilities	Install date
				<input type="checkbox"/> Cash → Crypto <input type="checkbox"/> Crypto → Cash <input type="checkbox"/> Both	
				<input type="checkbox"/> Cash → Crypto <input type="checkbox"/> Crypto → Cash <input type="checkbox"/> Both	

A-6) REQUIRED OPERATIONAL COMPLIANCE (read carefully - initial all)

- _____ Photo ID is required prior to any transaction.
- _____ The machine provides clear disclosures/warnings before a transaction, including: terms/conditions; all fees; warning that transactions are final/non-refundable/non-reversible; consumer fraud warning; hotline information and prompt to call immediately if fraud suspected.
- _____ Hotline compliance: I maintain a customer service hotline on a continuous basis while any VCM is capable of processing transactions, staffed by trained and responsible natural persons; the hotline number is conspicuously posted on each machine.
- _____ Receipts: for each transaction, the machine produces a written receipt containing, at minimum: customer name; transaction amount; any related fees; time/date; VCM Owner/Operator name and contact information; and the hotline telephone number.
- _____ Daily log: each VCM maintains an electronic daily log of transactions (customer name; transaction amount; any related fees; time/date) for all transactions in a 24-hour period; logs are maintained for ninety (90) days and made available to the City upon request.
- _____ Records of service: I maintain records of any service performed on any VCM (including the scope of work and any currency removed) for ninety (90) days and provide to the City upon request.
- _____ **Transaction limits are enforced: for NEW customers (first 14 days), max \$1,000 per 24 hour period, nor more than \$5,000 during the 14 days that customer qualifies as NEW customer, and if first transaction exceeds \$500, a verbal confirmation from customer must be secured by a live telephone or video call by the operator or representative of the VCM.**
- _____ Display: the Virtual Currency Machine License will be conspicuously displayed on each licensed machine and made available upon request to any customer, police officer, or City official.
- _____ Notice of changes: within seventy-two (72) hours of any change in fact, policy, or method that would alter information in this packet or on the license, I will notify the City Clerk in writing.
- _____ Relocation notice: I will provide at least ten (10) days written notice to the City Clerk before changing the location of any licensed VCM.
- _____ Non-transferable: I acknowledge the license is not transferable, separable, or divisible and applies only to the individual/entity named on the license.

A-7) INVESTIGATION / INSPECTION ACKNOWLEDGEMENTS (read carefully - initial all)

- _____ I authorize the City, through its agents and employees, to seek information and conduct investigations and inspections reasonably necessary to verify the statements in this application and compliance with the City Code and other applicable law.
- _____ I will make required records (including daily logs and service records) available for inspection by the City upon request, consistent with the ordinance.
- _____ I understand refusal/interference with lawful inspections may be grounds for enforcement action, including suspension/revocation where authorized by City Code.

A-8) FILING / FEE ACKNOWLEDGEMENTS (read carefully - initial all)

- I understand the City Clerk will not accept or deem this application complete until all required fees are paid and required information is provided.
- I understand fees are established by the City's annual appropriations ordinance, are not prorated, and are not refundable if the application is denied.
- I understand that operation/maintenance of any VCM onsite is prohibited unless and until all required City approvals/licenses are issued (including the Host Business specialty endorsement and the VCM Owner/Operator license, as applicable).

A-9) RENEWALS / DEADLINES (acknowledgement - initial)

- I understand renewal notices are provided by the City Clerk in May and that renewal materials (including payment) must be submitted by June 30. Late renewals are subject to a \$25 late fee.

A-10) SECTION B CERTIFICATION (VCM Owner/Operator)

I declare and certify, under oath or affirmation and under penalty of perjury, that the information provided in Section B and attachments is true and correct to the best of my knowledge and belief. I understand that fraud, misrepresentation, or false statements in this application may constitute cause for denial, suspension, and/or revocation.

Signature	Title	Date

Type/Print Name: _____

NOTICE – The City reserves the right to request additional information as deemed necessary to evaluate an application for a specialty license endorsement and/or a Virtual Currency Machine License.