

Business Information

Business Name: _____

Business Address / Telephone: _____

Business hours of operation: _____ Desired Inspection time: _____
Not allowed between 9:00 PM and 5:30 AM MUST be within 9:00 AM and 5:00 PM

Type: Individual Partnership Corporation Foreign Corporation Firm Association

If Business is an Individual:

Name: _____ Business Title: _____
Last First

Residential Address: _____
Street Address City State ZIP

Telephone: Mobile _____ Residence _____ Email: _____

If Business is a Partnership: Partner "A"

Name: _____ Business Title: _____
Last First

Residential Address: _____
Street Address City State ZIP

Telephone: Mobile _____ Residence _____ Email: _____

If Business is a Partnership: Partner "B" Attach additional sheets as required

Name: _____ Business Title: _____
Last First

Residential Address: _____
Street Address City State ZIP

Telephone: Mobile _____ Residence _____ Email: _____

If Business is a Corporation:

Name of Business: _____

Business Address: _____
Street Address City State ZIP

Date and State whose laws organized the Corporation: _____

Must list name, address, title of each Corporate Officer. Attach additional sheets as required.

Name: _____ Title: _____
Last First

Residential Address: _____
Street Address City State ZIP

Name: _____ Title: _____
Last First

Residential Address: _____
Street Address City State ZIP

If Business is a Foreign Corporation:

Authorized to conduct business in Michigan: Yes No (must checkmark one box)

Name of Principal Officer / Director: _____

Residential Address: _____
Street Address City State ZIP

Business Address: _____
Street Address City State ZIP

Criminal Conviction(s) Statement - Required

Has any person having an interest in this business been convicted of a crime: Yes No

If yes, describe. Attach additional sheets to describe each individual and each conviction.

Office Use Only

Required: Building Department investigation: **Approved** **Denied** **Date:** _____

Fire Department investigation: **Approved** **Denied** **N/A** **Date:** _____

Required: Police Department investigation: **Approved** **Denied** **Date:** _____

Other Department: _____ **Approved** **Denied** **N/A** **Date:** _____

Notes: _____

Office of City Clerk: **Approved** **Denied** _____
Signature Date

License number: _____ **Date issued:** _____ **Expiration: June 30,** _____