



**Business Information**

Business Name: \_\_\_\_\_

Business Address / Telephone: \_\_\_\_\_

Legal Owner of Property listed above: \_\_\_\_\_

Address of Owner listed above: \_\_\_\_\_  
Street Address City State ZIP

Business hours of operation: \_\_\_\_\_ Desired Inspection time: \_\_\_\_\_  
Not allowed between 2:00 AM and 7:00 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

**Has the applicant or any person having an interest in this business ever been convicted of any crime involving a controlled substance, alcohol, minors, gambling, receiving and concealing stolen property, or any offense involving moral turpitude?**

Yes  No

If yes to either question, describe. Attach additional sheets to describe each individual / each conviction.

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Fees are established by Sec 46-1 (1) at \$27.00 per device (table)

Fees are established by Sec 46-1 (5) for the premises, as described below

**Add to the fees described above and below \$21 per person referenced within the application (for the background check).**

**Sec. 46-1. - Master fee schedule established. (5)**

**Annual fee for the premises** (including the initial inspection fee) (section 14-248(a)):

Number of devices: <b>1 - 4</b>	Number of devices: <b>5 - 25</b>	Number of devices: <b>26 - 50</b>
Initial application fee \$160.00	Initial application fee \$268.00	Initial application fee \$321.00
Renewal application fee \$80.00	Renewal application fee \$170.00	Renewal application fee \$160.00
Plus per device \$27.00	Plus per device \$27.00	Plus per device \$27.00

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Number of devices: <b>51 - 75</b>	Number of devices: <b>76 - 100</b>	Number of devices: <b>Over 100</b>
Initial application fee \$375.00	Initial application fee \$428.00	Initial application fee \$535.00
Renewal application fee \$215.00	Renewal application fee \$268.00	Renewal application fee \$321.00
Plus per device \$27.00	Plus per device \$27.00	Plus per device \$27.00

**Only if an Original license, the first year fee for devices only (not the application fee, and not the premises license fee) will be reduced on a percentage basis as described below (section 14-248(b)):**

Date of Issuance:

July 1 - September 30:	100% of device fee required
October 1 - December 31:	75% of device fee required
January 1 - March 31:	50% of device fee required
April 1 - June 30:	25% of device fee required

**Re-inspection fee is \$80.00** for all re-inspections required under the Code (section 14-249, and all Code sections).

**Office Use Only**

**Required:** Building Department investigation:  **Approved**  **Denied** **Date:** \_\_\_\_\_

**Required:** Fire Department investigation:  **Approved**  **Denied** **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,** \_\_\_\_\_