



NON-PROFIT/NO FEE BUSINESS REGISTRATION APPLICATION

BUSINESS REGISTRATION REQUIRED BY CITY CODE OF ORDINANCE

Include the following with this application:

- ✓ Copy of State of Michigan License or Permit (If applicable)
- ✓ Copy of Driver's Licenses

BUSINESS INFORMATION

Name of Business:

Corporation /Other Name:

Business Address:

Suite:

Business Phone:

Business Fax:

Business E-mail:

Business Website:

Mailing Address:

Suite:

City:

State:

County:

Zip:

OWNER/ASSOCIATED NAMES/CONTACT PERSONS/EMERGENCY CONTACT

Owner Name (individual or company):

Street Address of Owner:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Driver License # (attach copy)

Cell Phone:

STATE LICENSES / PERMITS REQUIRED FOR YOUR BUSINESS (MUST PROVIDE A COPY OF LICENSE /PERMIT)

Are you required to have a State of Michigan License or Permit for this type of business? ___ YES ___ NO If yes, please describe:

Type of Permit/license: _____

Permit/Lic #: _____ Date Issued _____ Date Expires _____

AFFIDAVIT AND SIGNATURE (All Owners/Applicants listed must sign this Application)

I (We) _____ am the OWNER/AGENT of said business making application for this Business Registration Certificate and/or otherwise an authorized representative of said business. I (We) authorize the verification of the information provided on this application. I (We) am a citizen of the United States of America and otherwise authorized to do business under the laws of the state of Michigan and the United States of America. I (We) depose and state that all of the information provided in the foregoing application is true to the best of my knowledge, information, and belief.

1. Signature of Applicant:

Date:

2. Signature of Applicant:

Date:

NOTARY ACKNOWLEDGEMENT

STATE OF: _____

COUNTY OF: _____

On this ___ day of _____ 20___ before me personally appeared _____ who being duly sworn, deposes and says that the statements and answers contained therein are true.

My Commission Expires

Notary Public, Wayne County, Michigan

