



# NEW BUSINESS REGISTRATION APPLICATION

## BUSINESS REGISTRATION REQUIRED BY CITY CODE OF ORDINANCE

Please include the following with this application:

- ✓ Copy of State of Michigan License or Permit (If applicable)
- ✓ Copy of Driver's Licenses
- ✓ Registration Fee (Check or Money Order payable to City of Romulus)  
\$150.00 Business Registration Fee

### BUSINESS INFORMATION

Name of Business:

Corporation /Other Name:

Business Address:

Suite:

Business Phone:

Business Fax:

Business E-mail:

Business Website:

### SEPARATE MAILING ADDRESS IF DIFFERENT FROM ABOVE

Name of Business:

Address:

Suite:

City:

State:

County:

Zip:

### OWNER/ASSOCIATED NAMES/CONTACT PERSONS

Owner Name (individual or company):

Street Address of Owner:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Driver License # (attach copy)

Cell Phone:

### EMERGENCY CONTACT INFORMATION (Property/Building Owner)

Property:  Owned  Leased If Leased, Name of Property Owner:

Associated /Emergency Contact Person:

Phone:

Other:

### STATE LICENSES / PERMITS REQUIRED FOR YOUR (IF APPLICABLE, MUST PROVIDE COPY)

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 \_\_\_\_\_

### ALARM INFORMATION

Alarm company:

Phone:

Does it Reset Automatically? YES \_\_\_ NO \_\_\_

Dog on Premises? YES \_\_\_ NO \_\_\_

**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 am 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