





***If Business is a Partnership: Partner "A"***

Name: \_\_\_\_\_ Business Title: \_\_\_\_\_  
Last First

Residential Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
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, and 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.***

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**Office Use Only**

Building Department investigation:  **Approved**  **Denied**  **N/A** **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: December 31, \_\_\_\_\_

**NOTE – All applicants / licensees shall provide a passport-style 2"x2" photograph showing head and shoulders.**

**The issued license shall show the name, address and photograph of licensee.**