



**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

Surety Bond filed:  **Yes**  **No** Date Bond filed: \_\_\_\_\_ Date Bond approved: \_\_\_\_\_

Name(s) and address of owner of premises / buildings at business address: \_\_\_\_\_

\_\_\_\_\_

**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:** \_\_\_\_\_

Police Department investigation:  **Approved**  **Denied**  **N/A** **Date:** \_\_\_\_\_

Other Department: \_\_\_\_\_  **Approved**  **Denied**  **N/A** **Date:** \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office of City Clerk:  **Approved**  **Denied** \_\_\_\_\_  
Signature Date

**License number:** \_\_\_\_\_ **Date issued:** \_\_\_\_\_ **Expiration: December 31,** \_\_\_\_\_