

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.

Fees are established by Sec 46-1 (1) at \$25.00 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 \$20 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: 1 - 4	Number of devices: 5 - 25	Number of devices: 26 - 50
Initial application fee \$150.00	Initial application fee \$250.00	Initial application fee \$300.00
Renewal application fee \$75.00	Renewal application fee \$100.00	Renewal application fee \$150.00
Plus per device \$25.00	Plus per device \$25.00	Plus per device \$25.00

Number of devices: 51 - 75	Number of devices: 76 - 100	Number of devices: Over 100
Initial application fee \$350.00	Initial application fee \$400.00	Initial application fee \$500.00
Renewal application fee \$200.00	Renewal application fee \$250.00	Renewal application fee \$300.00
Plus per device \$25.00	Plus per device \$25.00	Plus per device \$25.00

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 \$75.00 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,** _____