

CITY OF RIVER ROUGE

BUSINESS LICENSE APPLICATION

NEW RENEWAL



**William L. Campbell
Mayor**

ALL ITEMS MUST BE COMPLETED.

INCOMPLETE APPLICATIONS WILL BE REJECTED.

PLEASE TYPE OR PRINT NEATLY.

FOR CLERK'S OFFICE ONLY

APPLICATION YEAR: _____

DELINQUENT YEARS, IF APPLICABLE: _____

LATE FEE, IF APPLICABLE: _____

TOTAL AMOUNT DUE TODAY: _____

BUSINESS LICENSE APPLICATION

Date: _____

Please read the application carefully. Type or print legibly and complete all applicable items. **Copies of Required documents must be provided.** Incomplete data will delay processing of your application. Fee to cover cost of processing must accompany application and is non-refundable. If space allowed below is insufficient complete answers on reverse side. Make checks payable to: The City of River Rouge

FOLLOWING MUST BE COMPLETED BY BUSINESS OWNER

Entity Name as registered with State of Mi: _____

Storefront Name if different than above: _____

Type of Business: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different than business address): _____

City: _____ State: _____ ZIP: _____

Business Contact Number: _____ E-Mail: _____

Federal ID # (EIN): _____

Have the applicant(s) operated this type of business anywhere during the past five years? Yes No

If yes, list location and dates of operation: _____

Do you rent or own the property? _____

IF RENTING, FOLLOWING MUST BE COMPLETED BY PROPERTY OWNER

Property Owner's Name: _____

Address: _____ City & State: _____ Zip Code: _____

Home Telephone Number: _____ Cell Phone Number: _____

Property Owner's Signature: _____

LIST NAMES OF ALL BUSINESS OWNERS, PARTNERS, OR CORPORATION OFFICERS AND TITLES. (ATTACH AN ADDITIONAL LIST, IF NECESSARY)

Business Owner Name (First, Last): _____

DOB: _____ Title: _____

Address _____

City: _____ State: _____ ZIP: _____

E-Mail: _____ Phone: _____

Driver's License Number: _____

Name (First, Last): _____

DOB: _____ Title: _____

Address _____

City: _____ State: _____ ZIP: _____

E-Mail: _____ Phone: _____

Driver's License Number: _____

Name (First, Last): _____

DOB: _____ Title: _____

Address _____

City: _____ State: _____ ZIP: _____

E-Mail: _____ Phone: _____

Driver's License Number: _____

Have the applicant and/or any of the persons listed as owners or officers of the business ever been convicted of a felony or misdemeanor? Yes No

REVIEW OF APPLICATION BY CITY DEPARTMENTS

ASSESSING DEPT APPROVAL: YES NO DATE: _____ INSPECTOR _____

COMMENTS: _____

I CHAT Background check? YES NO DATE: _____ Clerk's Office _____

COMMENTS: _____

FIRE DEPARTMENT APPROVAL: YES NO DATE: _____ INSPECTOR _____

COMMENTS: _____

BUILDING DEPARTMENT APPROVAL: YES NO DATE: _____ INSPECTOR _____

COMMENTS: _____

CITY COUNCIL APPROVAL: YES NO DATE: _____ Resolution #: _____

COMMENTS: _____

TREASURER APPROVAL: YES NO DATE: _____ Resolution #: _____

COMMENTS: _____

I hereby understand that if this license is approved, I will operate my business in accordance with the Ordinance Codes of the City of River Rouge and that I have obtained a certificate of occupancy from the building department in order to operate the business.

AFFIDAVIT FOR REGISTRATION OF BUSINESS PROFESSION OR TRADE
WITHIN THE CITY OF RIVER ROUGE, MICHIGAN

STATE OF MICHIGAN
COUNTY OF WAYNE

I, _____ (print name), am the owner, operator, or licensee under state law of the following business, profession, or trade that is conducting or intends to conduct business within the City of River Rouge.

Name of Business, Profession or Trade: _____

Address of Business, Profession or Trade: _____

Telephone Number of Business, Profession or Trade: _____

In accordance with section 11 of the City of River Rouge Business Registration Ordinance, I certify and affirm that I have the required state license or permit to conduct the aforesaid business or profession in the State of Michigan. A copy of said permit or license is hereby attached to this affidavit.

Further Affiant sayeth not.

Dated: _____, Affiant

Subscribed and sworn to before me on,
_____ (date)
_____ (signature)
_____ (printed name)

Notary Public, _____ County.

My Commission expires on _____.

River Rouge Police Department Emergency Contact

Business Name: _____

Address: _____

Business Telephone Number: _____

Owner Name: _____

Address: _____

Home Telephone Number: _____ Cell Phone Number: _____

Emergency Contact Person: _____

Emergency Contact Person Number: _____

Alarm Company Name: _____

Alarm Company Telephone Number: _____

Additional Information: _____

Note: Information provided is for Emergency Use Only. All Information will remain confidential and will only be used by the River Rouge Police and Fire Department.