



# CITY OF MOUNT CLEMENS

Office of the City Clerk  
One Crocker Boulevard, Mount Clemens, Michigan 48043

## Business Registration Application

City Ordinance #20.284

ANNUAL REGISTRATION PERIOD: JULY 1 – JUNE 30

**FEE: \$25.00 (Due prior to July 1<sup>st</sup> each year\*)**

\*After June 30<sup>th</sup> a penalty will be added to the fee. Return application with check payable to "City of Mount Clemens".

PLEASE PRINT OR TYPE CLEARLY  
APPLICATION WILL NOT BE PROCESSED IF NOT FULLY COMPLETED AND SIGNED

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

MAILING ADDRESS: (if different than above) \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_ **HOURS:** \_\_\_\_\_

**TYPE OF BUSINESS:** \_\_\_\_\_

IS THIS BUSINESS NEW TO THE CITY OF MOUNT CLEMENS?  **YES**  **NO** (If yes, approval from the Community Development Department (Building and Inspections) will be required before the registration is issued.)

**BUSINESS OWNER NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**OWNER'S RESIDENTIAL ADDRESS:** \_\_\_\_\_

**BUILDING OWNER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

ARE THERE ANY **VENDING MACHINES** AT THIS BUSINESS? \_\_\_\_\_ IF YES, LIST NUMBER: \_\_\_\_\_

ARE THERE ANY **AMUSEMENT DEVICES** AT THIS BUSINESS? \_\_\_\_\_ IF YES, LIST NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title of Applicant

\_\_\_\_\_  
Date

**Upon approval, your business registration will be mailed to the business address.  
Please post the registration in a conspicuous place inside your business.**

**For City use only:**

DEPARTMENT		DATE APPROVED
Community Development	<input type="checkbox"/> Inspections _____ <input type="checkbox"/> Zoning _____ <input type="checkbox"/> Permits _____ <input type="checkbox"/> Certificate of Occupancy _____ <input type="checkbox"/> Sign permits* *Code Enforcement Approval _____	
Fire Department	<input type="checkbox"/> Inspection	
Assessing	-Information only	
City Clerk	Date Application Received: _____ Fee Paid: _____ Date License Issued: _____ License No. _____	