



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

Fee due prior to July 1st each year*

*After June 30th 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 OR AMUSEMENT DEVICES AT THIS BUSINESS? _____

IF YES, PLEASE LIST THE OWNER AND/OR DISTRIBUTOR OF THE MACHINES: _____

 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. _____	