

11111 Wayne Road
Romulus, MI 48174

CITY OF ROMULUS
BUSINESS REGISTRATION APPLICATION

(734) 942-7540 Office
(734) 942-7592 Fax
www.Romulusgov.com

BUSINESS REGISTRATION REQUIRED BY CITY CODE OF ORDINANCE

BUSINESS INFORMATION

Name of Business:

Corporation /Other Name:

Business Address:

Suite:

Business Phone:

Business Fax:

Business E-mail:

Business Website:

SEPARATE MAILING ADDRESS IF DIFFERENT FROM ABOVE

Name of Business:

Address:

Suite:

City:

State:

County:

Zip:

OWNER/ASSOCIATED NAMES/CONTACT PERSONS

Owner Name (individual or company):

Street Address of Owner:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Driver License # (attach copy)

Cell Phone:

EMERGENCY CONTACT INFORMATION (Property/Building Owner)

Property: Owned Leased If Leased, Name of Property Owner:

Associated /Emergency Contact Person:

Address:

City:

State:

Zip:

Phone:

Other:

DESCRIPTION OF BUSINESS/PROPERTY

SOLE PROPRIETORSHIP:

PARTNERSHIP:

CORPORATION:

HOME OCCUPATION

Description: (Nature, character and quality of goods, wares, merchandise to be sold or offered for sale - add separate sheet if necessary)

Number of Employees: _____

Zoning District: _____

Exterior wall or ground sign? _____

Area Used in Residence for business (sq. ft.): _____ Area Used in Accessory Building for business (sq. ft.): _____

Do you have or store hazardous and/or toxic substances? YES___ NO___ If yes, describe:

Outdoor storage? YES___NO___ If yes, describe:

STATE LICENSE(S) / ADDITIONAL PERMITS REQUIRED FOR YOUR BUSINESS

(MUST PROVIDE A COPY OF LICENSE /PERMIT)

Are you required to have a State of Michigan License or Permit for this type of business? ___YES ___NO If yes, please describe:

Type of Permit/license: _____

Permit/Lic #: _____ Date Issued _____ Date Expires _____

ALARM INFORMATION

Alarm company:

Phone:

Does it Reset Automatically? YES ___ NO ___

Dog on Premises? YES ___ NO ___

Include the following with this application:

- ✓ Copy of State of Michigan License or Permit (If applicable)
- ✓ Copy of Driver's Licenses
- ✓ Renewal Registration Fee (Check or Money Order payable to City of Romulus)

AFFIDAVIT AND SIGNATURE

(all owners/applicants listed must sign this application)

I (We) _____ am the OWNER/AGENT of said business making application for this Business Registration Certificate and/or am otherwise an authorized representative of said business. I (We) authorize the verification of the information provided on this application. I (We) am a citizen of the United States of America and otherwise authorized to do business under the laws of the state of Michigan and the United States of America. I (We) depose and state that all of the information provided in the foregoing application is true to the best of my knowledge, information, and belief.

1. Signature of applicant:

Date:

2. Signature of applicant:

Date:

NOTARY ACKNOWLEDGEMENT

STATE OF: _____

COUNTY OF: _____

On this ___ day of _____ 20___ before me personally appeared _____ who being duly sworn, deposes and says that the statements and answers contained therein are true.

My Commission Expires

Notary Public, Wayne County, Michigan

For Office Use Only

City Clerk's Office:

Fee Paid \$ _____ Receipt # _____ Check # _____ Date: _____ Clerk's Initials: _____

Registration Certificate # _____ Date Registration Issued & Mailed: _____

Business Code/Classification _____

Business no longer in the City / Out of Business -Date: _____