General Business License Registration Application



Business Address:

Business Information		Additional Information	
Name:		Type of Business:	
Mailing Address:		Does the business have an encroachment? Yes No (Awning, sprinkler system, window well, etc.)	
City:			
State:	Zip:	Alarm: Yes No	
Corporation Partnership DBA Sole Proprietor Non Profit		Sign: Yes No # of stories:	
If Corporation, resident agent		# of Employees: # of Handicap Parking Spaces:	
Partners:		Office use only Clerk Notes:	
Federal Tax ID #:		110.35 (G) Regulations:(1) No license shall be assigned, sold or transferred, nor	
Owner Information		 (1) No incerse shall be assigned, sold of transferred, not shall any license authorize any person other than the applicant to conduct business under such license. (2) The applicant or licensee shall have a duty to notify the City Clerk of any changes in the information contained in an application which is pending or which is the basis for issuance of a license. (3) All licenses shall be prominently displayed on the business premises at all times. 	
Name:			
Address:			
City:			
State:	Zip:	(4) No person shall add to, alter, deface, forge, or counterfeit any license which has been issued by the	
Home Phone:		City. (5) All licensees shall comply with all applicable City, State, and Federal Laws.	
Business Phone:			
Cell Phone/ Pager:		I hereby swear or affirm that I am the Owner/Agent/Operator of the above property and that the information contained on this application	
SS#:	DOB:	is true. I understand that annual renewal is due by February 28th.	
Total Square footage used by business:Business License applying for (circle based on total sq. footage):0-2,500 sq ft2,501-9,999 sq ft10,000 or more sq ft		X Date: / /	
License #:		ber 31st, fee is prorated to ¹/2 the amount listed below or area of 0-2,500 sq feet - \$50.00	
Issued Date:	(2) Business with a gross floo	or area of $0-2,500$ sq feet - 550.00 or in excess of 2,500 sq ft and less than 10,000 sq ft - \$100.00 or area in excess of 10,000 sq ft - \$150.00	
INSTRUCTIONS 1. Complete a separate form for 2. Please make checks payable to 3. Mail completed application, p	each business to be registered. b: City of Zilwaukee.	owner or applicant's driver's license or state ID card to:	
City of Zilwaukee 319 Tittabawassee			

Saginaw, MI 48604