

**For Office Use Only:**

Date Received: _____

Amount Received: _____

Receipt #: _____

Bus ID: _____ License #: _____

**CITY OF LAPEER, MICHIGAN
Business Registration Application****Type of Application New (\$50.00) Renewal (\$25.00)
NONREFUNDABLE****PLEASE COMPLETE IN FULL - RETURN WITH PAYMENT****BUSINESS INFORMATION**

Website Address: _____

Name of Business _____ Home Occupation ☐ Yes ☐ No

DBA _____ Federal Id# _____

Business Location _____ Email address _____

Business Phone _____ Business Fax _____

Mailing Address (if different) _____

Business Start Date _____ Property Tax ID # _____

Business Start Date at this location (if different from above) _____

Brief Description of Operation (types of goods/services) _____

Number of Employees Full Time _____ Part Time _____ Other _____

Type of State License Possessed _____ License No. _____

Business Type Corporation _____ Partnership _____ Sole Proprietorship _____ Other(Describe) _____

Business Property Own _____ Lease _____ Zoned As _____

If leased, property owner and address _____

Is this a temporary business? ☐ Yes ☐ No

Expected Close Date _____

Was this business located elsewhere in the city? ☐ Yes ☐ No

If yes, where? _____

Did this business operate under a different name in the previous year? ☐ Yes ☐ No If yes, what?

Leased equipment used in the business is owned by: (If needed: attach a separate list)

Name

Address

Phone

BUSINESS OWNER INFORMATION

Name of Owner _____ Phone _____

Owner's Address _____

Name of Owner _____ Phone _____

Owner's Address _____

Name of Owner _____ Phone _____

Owner's Address _____

Name of person in charge of records _____ Phone _____

EMERGENCY INFORMATION

Emergency Contact _____ Phone _____

Emergency Contact _____ Phone _____

BUILDING INFORMATION

Alarm Company Name _____

Alarm Company Phone _____

Type of Alarms on Premises Holdup ☐ Break-in ☐ Fire ☐ Silent ☐

Do you have a safe/vault on premises? Yes ☐ No ☐

Is the safe/vault visible from the outside? Yes ☐ No ☐

Are there hazardous materials on the premises? Yes ☐ No ☐ (If Yes, please attach a detailed list)

Is there a sprinkler system? Yes ☐ No ☐

Domestic water usage only? Yes ☐ No ☐

Projected amount of water usage and sewer discharge _____

As the owner of the above said business making application for this registration or an authorized representative of said business and depose and say that I have read the foregoing application and know the contents thereof, and that the same is true to the best of my knowledge. I further understand that this City of Lapeer Business Registration must be renewed as of January 1st annually.

Applicant Name _____ Owner _____ Manager _____

Signature _____ Officer _____ Other _____