



**APPLICATION FOR REGISTRATION  
CITY OF SOUTHFIELD, COUNTY OF OAKLAND, MICHIGAN**

DATE: \_\_\_\_\_

1. I (We) hereby apply for a license to operate a \_\_\_\_\_  
(Type of Business)  
in the City of Southfield, pursuant to provisions of applicable Ordinance.
2. NAICS: \_\_\_\_\_
3. Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
4. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Home Phone No.: (\_\_\_\_) \_\_\_\_\_ Business Phone No.: (\_\_\_\_) \_\_\_\_\_
6. Cell Phone No.: (\_\_\_\_) \_\_\_\_\_ FAX No.: (\_\_\_\_) \_\_\_\_\_
7. E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_
8. Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers. License No.: \_\_\_\_\_
9. Federal Tax I.D. No.: \_\_\_\_\_
10. It will be operated as a Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_
13. Name of Business \_\_\_\_\_
14. Address of Business: \_\_\_\_\_
15. Description of Business: \_\_\_\_\_
16. Number of full-time employees: \_\_\_\_\_ Number of part-time employees: \_\_\_\_\_
17. Have you solicited under this or any other business name in Oakland County?  
\_\_\_\_\_
18. Do you own the company? YES \_\_\_\_\_ NO \_\_\_\_\_ If not, please provide the following:  
Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
19. Are you a women/minority owned business: YES \_\_\_\_\_ NO \_\_\_\_\_
20. Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
On-site Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
21. Hours and Days of Operation: \_\_\_\_\_
22. Do you store hazardous or flammable materials? YES \_\_\_\_\_ NO \_\_\_\_\_

Please mail completed application to:  
Business Development, City of Southfield, 26000 Evergreen Road, PO Box 2055, Southfield MI 48037-2055