

CITY OF SOUTHFIELD

Business Registration Application

Code Enforcement Department

26000 Evergreen Rd, P. O. Box 2055, Southfield, MI 48037-2055

(248) 796-4140

Registration#: _____

Date: _____

Registration Fee: \$50

Please read application carefully. Type or print legibly and complete all applicable items. Copies of required documents must be provided. Incomplete data will delay processing of your application. Fee to cover cost of processing must accompany application and is non-refundable. If space allowed below is insufficient, complete answers on reverse side.
Make checks payable to Treasurer, City of Southfield.

Business, Trade or Assumed Name: _____

Business Address: _____

Suite #: _____ Southfield, MI _____ Zip _____

Mailing Address (if different than business address): _____

Suite #: _____ City _____, State _____ Zip _____

Email: _____ Federal ID # (EIN): _____

Phone #: _____ Phone #: _____

Date business began or is expected to begin: _____

Other related entities in Southfield: _____

Corporate Name: _____

BUSINESS TYPE (please check one box)

	<i>Auto-Related</i>	<i>Catering</i>	<i>Child Care</i>	<i>Dental</i>	<i>Entertainment</i>	<i>Finance</i>	<i>Hall & Venue Rental</i>	<i>Health</i>	<i>Manuf / Industrial</i>	<i>Restaurant</i>	<i>Office Operations</i>	<i>Retail</i>	<i>Salon & Spa</i>	<i>Service</i>	<i>Sports & Rec</i>	<i>Storage</i>	<i>Tavern</i>	<i>Other</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify? _____

Building Type: _____

DESCRIPTION OF BUSINESS ACTIVITY

List names of all business owners, partners or corporation officers and titles.

(Attach an additional list, if necessary)

Name: _____ , _____
Last First Middle Initial

_____ , _____
Date of Birth Title

_____ Suite or Apt #:
Address

_____ Zip
City State

_____ Email
Phone #

_____ Cell #
Fax #

_____ Date of Birth
Driver's License #

Name: _____ , _____
Last First Middle Initial

_____ , _____
Date of Birth Title

_____ Suite or Apt #:
Address

_____ Zip
City State

_____ Email
Phone #

_____ Cell #
Fax #

_____ Date of Birth
Driver's License #

I hereby certify that the above information and answers are correct and true; that I am the legal owner or representative of the business at the above location.

Signature of Applicant

Print Name

Title

Date