

# CITY OF RIVER ROUGE

## BUSINESS LICENSE APPLICATION

NEW     RENEWAL



**ALL ITEMS MUST BE COMPLETED**  
**INCOMPLETE APPLICATIONS WILL BE REJECTED**  
**PLEASE PRINT NEATLY OR TYPE**

DATE \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

BUSINESS TELEPHONE NUMBER \_\_\_\_\_

TYPE OF EQUIPMENT USED: \_\_\_\_\_

APPLICANT OR CORPORATE MGR'S. SIGNATURE: \_\_\_\_\_

**FOLLOWING MUST BE COMPLETED BY BUSINESS OWNER**

BUSINESS OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DRIVER LICENSE NUMBER \_\_\_\_\_

BUSINESS OWNER'S SIGNATURE: \_\_\_\_\_  
(RESIDENT AGENT, IF CORPORATION, MUST ASSIGN SIGNATURE OR GENERAL PARTNER IF PARTNERSHIP)

**FOLLOWING MUST BE COMPLETED BY PROPERTY OWNER**

PROPERTY OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_

PROPERTY OWNER'S SIGNATURE: \_\_\_\_\_

**REVIEW OF APPLICATION BY CITY DEPARTMENTS**

I CHAT Background check? YES NO DATE: \_\_\_\_\_ Clerk's Office \_\_\_\_\_

COMMENTS: \_\_\_\_\_

FIRE DEPARTMENT: APPROVED? YES NO DATE: \_\_\_\_\_ INSPECTOR \_\_\_\_\_

COMMENTS: \_\_\_\_\_

BUILDING DEPARTMENT: APPROVED? YES NO DATE: \_\_\_\_\_ INSPECTOR \_\_\_\_\_

COMMENTS: \_\_\_\_\_

CITY COUNCIL: APPROVED? YES NO DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

I hereby understand that if this license is approved, I will operate my business in accordance with the Ordinance Codes of the City of River Rouge and that I have obtained a certificate of occupancy from the building department in order to operate the business.

Fire Dept. \_\_\_\_\_ Bldg. Dept. \_\_\_\_\_

**AFFIDAVIT FOR REGISTRATION  
OF BUSINESS, PROFESSION, OR TRADE  
WITHIN THE CITY OF RIVER ROUGE, MICHIGAN**

STATE OF MICHIGAN     )

COUNTY OF WAYNE     )

I, \_\_\_\_\_ (print name), am the owner, operator,  
or licensee under state law of the following business, profession, or trade that is  
conducting or intends to conduct business within the City of River Rouge:

Name of Business, Profession, or Trade: \_\_\_\_\_

Address of Business, Profession, or Trade: \_\_\_\_\_

Telephone Number of Business, Profession, or Trade: \_\_\_\_\_

In accordance with section 11 of the City of River Rouge Business Registration Ordinance, I certify and affirm that I have the required state license or permit to conduct the aforesaid business or profession in the State of Michigan. A copy of said permit or license is hereby attached to this affidavit.

Further Affiant sayeth not.

Dated: \_\_\_\_\_  
\_\_\_\_\_, Affiant

Subscribed and sworn to before me on

\_\_\_\_\_ (date)

\_\_\_\_\_ (signature)

\_\_\_\_\_ (printed name)

Notary Public, \_\_\_\_\_ County.

My commission expires on \_\_\_\_\_.

# River Rouge Police Dept. Emergency Contact

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone#: \_\_\_\_\_

Owner Name, Address & Phone#::  
\_\_\_\_\_

Emergency Phone#: \_\_\_\_\_

Second Emergency Contact Name/Phone#:  
\_\_\_\_\_

Alarm Company Name/Phone#: \_\_\_\_\_

Additional Information: \_\_\_\_\_