



CITY OF FLAT ROCK CLERK'S OFFICE

25500 GIBRALTAR ROAD, FLAT ROCK, MI 48134
734-782-2455 - WWW.FLATROCKMI.ORG

OFFICE USE ONLY

BUSINESS ID

APPLICATION FOR RENTAL LICENSE **\$80.00**

VALID: January 1, 2019 – December 31, 2020

RENTAL ADDRESS:

Department Only - Parcel Number: _____

OWNER INFORMATION

Owner Name: _____

Owner Address (NOT Rental Address): _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Fax No.: _____

Email Address: _____

Driver's License No.: _____ Date of Birth: _____

RESPONSIBLE LOCAL AGENT (If different from Owner)

Local Agent's Name: _____

Local Agent's Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Has the applicant or person conducting or managing the applicant's business been convicted of a crime, misdemeanor or the violation of any municipal ordinance and, if so, explain full particulars in connection therewith NO YES – if yes, please explain: _____

RENTAL PROPERTY INFORMATION

Renter Name: _____ Phone No.: _____

Does Home Have an Alarm System? _____ If Yes, Alarm Company Name: _____

Is Alarm Audible? _____ Does it Reset Automatically? _____ Dog on Premises? _____

IS THIS A NEW RENTAL? YES or NO

❖ IF YES, RENTAL INSPECTION IS REQUIRED – SEE BUILDING DEPARTMENT

❖ IF NO, WHEN WAS THE LAST RENTAL INSPECTION CERTIFICATE ISSUED? DATE: _____

○ Note: Inspection Certificates are valid for 5 years from approved inspection date

Confidential Information
For use in police or fire emergencies only

EMERGENCY CONTACTS

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

I am the owner/agent of said business making application for this license 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 ability. I further understand this business license must be renewed as of December 31st of the following even-numbered year.



Applicant Signature

Date

Date Received:

Check No. / Cash / Credit

C of O Issued – Yes / No