



# CITY OF FLAT ROCK CLERK'S OFFICE

25500 GIBRALTAR ROAD, FLAT ROCK, MI 48134

734-782-2455 - WWW.FLATROCKMI.ORG

## BUSINESS LICENSE APPLICATION

VALID: January 1, 2021 – December 31, 2022

### BUSINESS INFORMATION

This business is a:  New Business/New Owner  Renewal

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

Business Address (Flat Rock Location): \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

State License and/or Tax ID Number: \_\_\_\_\_

Anticipated Opening Date: \_\_\_\_\_ Hours / Days of Operation: \_\_\_\_\_

Type of Business (e.g. retail, restaurant, manufacturing): \_\_\_\_\_ # of Employees: \_\_\_\_\_

Business Activity: List your business activity, including merchandise and services to be sold or offered : \_\_\_\_\_

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, explain: \_\_\_\_\_

### OWNER OF BUILDING (STRUCTURE)

**Building Owner** Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Building Owner** HOME Address (not Flat Rock business location): \_\_\_\_\_

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 31<sup>st</sup> of the following even-numbered year.



Applicant Signature

Date

Date Received:

Check No. / Cash / Credit