



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 GENERAL BUSINESS LICENSE **\$80.00**

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 31st of the following even-numbered year.



Applicant Signature

Date

Date Received:

Check No. / Cash / Credit

C of O Issued – Yes / No