

**CITY OF LAPEER, MICHIGAN
Business Registration Application**

Type of Application New (\$50.00) Renewal (\$10.00)

PLEASE COMPLETE IN FULL - RETURN WITH PAYMENT

BUSINESS INFORMATION

Name of Business _____ Home Occupation Yes No

DBA _____ Federal Id# _____

Business Location _____ Email address _____

Business Phone _____ Business Fax _____

Mailing Address (if different) _____

Business Start Date _____ Property Tax ID # _____

Business Start Date at this location (if different from above) _____

Brief Description of Operation (types of goods/services) _____

Number of Employees Full Time _____ Part Time _____ Other _____

Type of State License Possessed _____ License No. _____

Business Type Corporation _____ Partnership _____ Sole Proprietorship _____ Other(Describe) _____

Business Property Own _____ Lease _____ Zoned As _____

If leased, property owner and address _____

Is this a temporary business? Yes No Expected Close Date _____

Was this business located elsewhere in the city? Yes No

If yes, where? _____

Did this business operate under a different name in the previous year? Yes No

If yes, what? _____

Leased equipment used in the business is owned by:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BUSINESS OWNER INFORMATION

Name of Owner _____ Phone _____

Owner's Address _____

Name of Owner _____ Phone _____

Owner's Address _____

Name of Owner _____ Phone _____

Owner's Address _____

Name of person in charge of records _____ Phone _____

EMERGENCY INFORMATION

Emergency Contact _____ Phone _____

Emergency Contact _____ Phone _____

BUILDING INFORMATION

Alarm Company Name _____

Alarm Company Phone _____

Type of Alarms on Premises Holdup _____ Break-in _____ Fire _____ Silent _____

Do you have a safe/vault on premises? Yes _____ No _____

Is the safe/vault visible from the outside? Yes _____ No _____

Are there hazardous materials on the premises? Yes _____ No _____ (If Yes, please attach a detailed list)

Is there a sprinkler system? Yes _____ No _____

Domestic water usage only? Yes _____ No _____

Projected amount of water usage and sewer discharge _____

As the owner of the above said business making application for this registration 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 knowledge. I further understand that this City of Lapeer Business Registration must be renewed as of July 1st annually.

Applicant Name _____ Owner _____ Manager _____

Signature _____ Officer _____ Other _____

Date Received _____

Amount Received _____

Receipt # _____