

BUSINESS LICENSE APPLICATION

CITY OF YPSILANTI ASSESSING DEPARTMENT One South Huron, Ypsilanti, MI 48197 Phone (734) 483-1530 ◆ Fax (734) 483-7324 www.cityofypsilanti.com

Dargal #

Date: _____

\$90.00 Application Fee

Planning Dept. Approval:

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BUSINESS INFORMA	ATION				
Business Name:			Phone:		
Business Address:					
Business Mailing Addre	ess:				
City:			State: _		Zip:
Description of Business					
Responsible Party for Name:	_	_	_	usiness equ	ipment)
Mailing Address:					
City:			State:		Zip:
LICENSE INFORMAT	FTON				
			Opening Date		
Certificate of Occupancy #:					
State I.D. # (If Any)					
Business Ownership Information: (Check one only)			-	-	-
(Chec	cone only)	Lim	ed Liability Corporation		Corporation
OWNER INFORMAT	ION				
Owner Name:		Phone:			
Home Address:					
Social Security #		Drivers Lic. #		D.O	
			d on this application		
Applicant Signature:	[Date:			
Print Signature / Name): 				

Sec. 22-33 of the Ypsilanti City Code prohibits any person from starting a new business in the city without first obtaining a registration therefor from the city clerk. When the applicant has paid the fee and has provided the information required by this article, the applicant shall be deemed registered under this article. Such registration shall not permit any person to engage in any activity otherwise prohibited by this Code and shall be **nontransferable**.