



BUILDING DEPARTMENT

One South Huron Ypsilanti MI 48197
 Phone: 734-482-1025 Fax: 734-483-7444
 www.cityofypsilanti.com

Business Occupancy and License Application

| Business Information | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> New Business | <input type="checkbox"/> Existing Business | <input type="checkbox"/> Ownership/Name Change | <input type="checkbox"/> Home Occupation |
| Business address: | | Ypsilanti MI | Zip: |
| Business name: | | Business phone: | |
| Date opened/opening: | | Email: | |
| Days and hours of operation: | | Square footage of occupied space: | |
| Detailed description of use: | | | |
| | | | |
| | | | |

| Business Owner Information | | | |
|---|-------------------------|--------|-------------|
| Name: | | Phone: | |
| Home address: | | City: | State: Zip: |
| SSN#: | Driver's Lic/State ID#: | | DOB: |
| Federal ID#: | | Email: | |
| Business ownership information: <input type="checkbox"/> Individual <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC | | | |

| Property Owner Information (if different from business owner) | | | |
|---|--|--------|-------------|
| Name: | | Phone: | |
| Home address: | | City: | State: Zip: |

- **Business floor plan/layout required:** (use reverse side or a separate sheet of paper): Show merchandise racks, counters, seating arrangements, aisles, restrooms, exits, office(s), storage, etc., including width measurements of doorways and aisles.
- **Bars/food establishments:** Current licenses from Washtenaw County Health Department and State of Michigan Liquor Control Commission must be attached.
- **Additional licenses:** All additional licenses required by federal, state or local agencies must be attached.

By signing below, I hereby affirm that the information provided on this application is true and accurate.

Applicant Signature: _____ Date: _____

Print Signature/Name: _____

| ***Office Use Only*** | | | |
|---|--------------------|-----------------------|--|
| Change of Use: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Previous Use: | Site Plan Required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Zoning District: | Building Official: | | Compliance Officer: |
| City Planner/Zoning Admin: | | Inspection date/time: | |
| Notes: | | | |
| | | | |
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