

BUILDING DEPARTMENT

One South Huron Street, Ypsilanti, MI 48197 Phone (734) 482-1025 Fax (734) 483-7444 www.cityofypsilanti.com

Business Occupancy Registration Form

☐ New Business

☐ Existing Business

Business floor plan/layout <u>required</u> , (use revenerchandise racks, counters, seating arrang including width measurements of doorways an	jements, aisles, rest			
Ple	ase Print Clearly			
Property Address:	Unit/Suite No			
Property Owner/Agent:				
Business Name:				
Privately Owned: LLC: Co			ntact information required)	
Days and Hours of Operation:				
Business Owner Information			_	
Business Owner's Name:				
Mailing Address:				
Contact Numbers: Phone:				
Driver's License/State ID Number:				
Email Address:				
Business Owner Signature (<u>required</u>)		Date		
Manager Information (owner's signature required a	above)			
Business Manager's Name:		DOB:		
Mailing Address:	City:	State:	Zip:	
Contact Numbers: Phone:				
Driver's License/State ID Number:				
Email Address:				
Manager Signature		Date		
Pursuant to Chapter 22 of the Ypsilanti City Code, one and completing this form as the registered owner or owner must also sign this form. The above is requissued. The information on this form will be kept con	r manager. If the manared and must be compl	ager is someone other eted before a business	than the owner, the occupancy permit is	
*** O f	ffice use only ***			
Received by:	Date r	Date received:		
Date scheduled:	Certifi	Certificate#:		