



CITY OF YPSILANTI

BUSINESS OCCUPANCY AND LICENSE APPLICATION

This form is to be completed by the business owner and any managers of the business.

\$90 NON-REFUNDABLE INITIAL APPLICATION FEE

BUSINESS INFORMATION

Property Address*		Unit/Suite*	
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New Business Existing Business Ownership Change

Business Name*			
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Date Opened/Plan to Open*		Days and Hours of Operation*	
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Business Phone*		Additional Phone	
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Business Email*			
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Please provide a detailed description of use.

BUSINESS OWNER INFORMATION

Business Owner Name*					
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Ownership Type*	<input type="checkbox"/> Individual <input type="checkbox"/> Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship				
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Owner's Birth Date*					
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Owner's Mailing Address*	Number and street name				
	City		State		Zip

Email Address*					
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Direct Phone #*		Additional Phone #			
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PROPERTY OWNER INFORMATION (IF DIFFERENT)

Owner Name*					
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Owner's Mailing Address*	Number and street name				
	City		State		Zip

Business floor plan/layout required: 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.

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

SIGNATURE OF BUSINESS OWNER

Owner Signature*		Date*	
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* = indicates required fields to fill out or form will be returned

CITY OF YPSILANTI BUILDING DEPARTMENT
1 South Huron, Ypsilanti, MI 48197
734 482 1025