



# CITY OF MOUNT CLEMENS Business Registration Application

- Office of the City Clerk -  
One Crocker Boulevard, Mount Clemens, Michigan 48043

**FEE: \$15.00**

**ANNUAL REGISTRATION PERIOD: JULY 1 - JUNE 30**

**Fee due prior to July 1<sup>st</sup> each year\***

\*After June 30<sup>th</sup> a \$15.00 penalty is added to the fee. Return application with check payable to the City of Mount Clemens.

**PLEASE PRINT OR TYPE CLEARLY**

**APPLICATION MUST BE COMPLETED IN ITS ENTIRETY BEFORE LICENSE IS ISSUED**

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

BUSINESS OWNER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS OWNER ADDRESS: \_\_\_\_\_

BUILDING OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

ARE ANY HAZARDOUS MATERIALS STORED IN YOUR BUSINESS? \_\_\_\_\_

IF YES, LIST TYPE AND LOCATION: \_\_\_\_\_

IS THIS A NEW BUSINESS OR LOCATION? \_\_\_\_\_ If yes, approval from the Community Development Department (Building and Inspections) will be required before the registration is issued.

***Upon approval, your business registration will be mailed to the business address.  
Please post the registration in a conspicuous place inside your business.***

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE**

Date Application Received: \_\_\_\_\_ Date Fee Paid: \_\_\_\_\_ Date License Issued: \_\_\_\_\_

Notes: \_\_\_\_\_