



# CITY OF CLAWSON

## INITIAL BUSINESS LICENSE REGISTRATION



Name of Business: \_\_\_\_\_

DBA (if different): \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business website address: \_\_\_\_\_

Business Phone: (     ) \_\_\_\_\_ Business Fax: (     ) \_\_\_\_\_

**Principal Owner | Manager Driver's License #:** \_\_\_\_\_

Business Contact Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Business Manager Contact: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Description of product | services provided: \_\_\_\_\_

Business Category:    Commercial    Industrial    Retail    Warehouse    Other

Hours of Operation: Mon – Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

Number of Employees:    1-10    11-20    21-50    51-100    over 100

State License(s) possessed: \_\_\_\_\_

Country of ownership:    USA    Other                      Non-Profit:    Yes    No

Is your building:         Owned    Leased                      Building square footage: \_\_\_\_\_

If leased, please give the name of your landlord: \_\_\_\_\_

Insurance company name: \_\_\_\_\_

### CERTIFICATION AND ACKNOWLEDGEMENT

*I hereby certify that all of the above information is true and accurate to the best of my knowledge, and further understand and represent that if any changes to the above information are made, that said information will be supplied to the City of Clawson immediately. I further understand that misstatements and inaccuracies in the application are grounds for immediate termination of said license. I hereby authorize the City of Clawson, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for this license.*

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail or return completed business license forms, and payment to: City of Clawson, 425 N. Main Street, Clawson, MI 48017. Please make \$25 checks payable to the City of Clawson. For more info call 248-435-4500.**

### FOR OFFICE USE ONLY

Type of application:    New    Renewal    Moved within City                      License # \_\_\_\_\_

Date Received: \_\_\_\_\_ Invoice #: \_\_\_\_\_ Check #: \_\_\_\_\_ **Fee: \$25.00**

**Approved:**    Police   \_\_\_\_\_    Building Inspector   \_\_\_\_\_