# Business Registration Application

**City Hall**
150 N. Main Street
Imlay City MI 48444
adminasst@imlaycity.org
(810) 724-2135

**PLEASE COMPLETE IN FULL**

(If you need assistance completing this form, please visit City Hall 150 N. Main Street)

**BUSINESS INFORMATION:**

Name of Business: _____ Home Occupation: ☐ Yes ☐ No

DBA: _____ Federal ID #: _____

Business Address: _____ Email: _____

Mailing Address (if different): _____

Business Phone: _____ Business Fax: _____

Website Address: _____

Business Start Date: _____ Property Tax ID #: _____

Business Start Date at this Location (if different from above): _____

Brief Description of Operation (Types of goods/services): _____

If Food Service Business License #: _____ Date of Last Inspection: _____

Number of Employees: Full Time: _____ Part Time: _____ Other: _____

**Business Type:** ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Other (Describe):

**Business Property:** ☐ Own ☐ Lease Zoned As: _____

If Leased, Property Owner and Address: _____

Is this a Temporary Business? ☐ Yes ☐ No Expected Close Date: _____

Was this Business Located Elsewhere in the City? ☐ Yes ☐ No

If yes, where?: _____

Did this Business Operate Under a Different Name in the Previous Year? ☐ Yes ☐ No

If yes, what?: _____

**Business Hours of Operation:** Mon _____ to _____ Tues _____ to _____ Wed _____ to _____

Thurs _____ to _____ Fri _____ to _____ Sat _____ to _____ Sun _____ to _____

**BUSINESS OWNER INFORMATION**

Name of Owner: Phone:

Owner's Address:

Name of Owner: Phone:

Owner's Address:

Name of Owner: Phone:

Owner's Address:

Name of Person in Charge of Records: Phone:

**EMERGENCY INFORMATION**

Emergency Contact: Phone:

Emergency Contact: Phone:

**BUILDING INFORMATION**

Alarm Company Name:

Alarm Company Name:

Type of Alarms on Premises: ☐ Holdup ☐ Break-in ☐ Fire ☐ Silent

Do you have a Safe/Vault on Premises? ☐ Yes ☐ No

Is the Safe/Vault Visible From the Outside? ☐ Yes ☐ No

Are there Hazardous Materials on the Premises? ☐ Yes ☐ No

Is there a Sprinkler System? ☐ Yes ☐ No

City Water Usage Only? ☐ Yes ☐ No

Will this Business Generate a Large Amount of Water Usage or Sewer Discharge? ☐ Yes ☐ No

If yes, for What Purpose:

As the owner of the above said business making application for this registration or an authorized representative of said business and depose and say that I have read the foregoing application and know the contents thereof, and that the same is true to the best of my knowledge.

Applicant Name: Owner: Manager:

Signature: Officer: Other:

**For Office Use Only:**

Date Received: _____ Date Recorded: _____