

CITY OF DEARBORN HEIGHTS BUSINESS LICENSE/REGISTRATION FORM

PLEASE PRINT – THIS FORM MUST BE COMPLETELY FILLED OUT.

Date of Application

(A) _____
Name of Business

Address of Business
Dearborn Heights, MI _____
Zip Code

(B) _____
Name of Business Owner/Applicant

Address of Owner/Applicant

City, State, Zip

Business Number: (____) _____

Home Number: (____) _____

(C) _____
Name of Partner

Address of Partner

City, State, Zip

Please check whether you are the
owner or occupant of the building

OWNER

OCCUPANT

Email address _____

..... **Please check (A) (B) or (C)** ~~Zf a U] b[di fdcg Yg fl] Wbg Y# fYb Yk UL~~

DESCRIPTION OF BUSINESS ACTIVITY

SIGNATURE OF APPLICANT: _____

DRIVERS LICENSE NUMBER: _____

DATE OF BIRTH: _____

(for office use only)

TYPE OF LICENSE – LIST EACH

FEE

TOTAL FEE: _____

NUMBER OF TAGS AND TAG NUMBERS (IF APPLICABLE) _____