



A HERITAGE OF GOOD LIVING

City of Lathrup Village
27400 Southfield Road
Lathrup Village, MI 48076
248.557.2600
www.lathrupvillage.org

APPLICATION FOR GENERAL BUSINESS LICENSE/REGISTRATION

Please fill out the following information. Every line must be completed.

Incomplete applications will be denied.

New Business \$55.00
(Non Refundable)

License Renewal \$25.00

Renewal with Penalty \$45.00

Business Name: _____

Business Address: _____

Business Telephone: _____

Email Address: _____ Website: _____

Hours of Operation: _____

Number of Employees: _____

Form of Entity (proprietorship, partnership, corporation, other): _____

Please list all officers, managers, etc (attach a separate page, if necessary):

Name: _____ Phone: _____

Name: _____ Phone: _____

Business Description: _____

Business Owner Information

Name: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Email Address: _____

Business Owners Driver's License#: _____

Preferred Method of Contact (circle one): Email US Postal Service Phone _____

Property/Building Information

Property Owners Name: _____	Telephone: _____
Property Owners Address: _____	
Owner Email: _____	
Square Footage: _____	Number of Parking Spots: _____
Property is Zoned as: _____	
Completed Landlord License Attached (circle one): Yes No	

I do hereby acknowledge that I have been informed of the following City Codes and Ordinance:

- A Business License Application must be submitted and approved before I may open my business.
- I have received a copy of the Business Regulations Ordinance.
- Prior to occupancy/or use, the Building Official must approve and certify that the property complies with City Codes and Ordinances.
- An inspection must be requested before license is approved.
- Business can only be conducted after receiving a signed Certificate.
- No signage or advertising upon the premises shall be erected or installed without a Sign Permit approved by the Building Official.
- Any other information regarding business must be submitted.
- New Business/1st time applicant, please submit a clear copy of applicant drivers license.

Applicants Signature: _____

Home Address: _____ Phone: _____
(Street, City, State, Zip)

Office Use Only: **APPROVED** **DENIED**

Building Official _____ **Date:** _____

City Administrator _____ **Date:** _____

Property Inspected on _____ **By** _____

Date Received _____ **Zoning District** _____