

Accounts Receivable Clearance Application
2 Woodward Avenue, Suite 106, Coleman A Young Municipal Center
Revenue & Tax Examination Office (313) 224-2389 / FAX: 224-1901 / RevenueCollections@DetroitMi.gov

SECTION A: BUSINESS LICENSE BUDGET CITY COUNCIL DDOT DPW OCFO FIRE HEALTH
HUMAN RIGHTS LAW MAYOR OMBUDSMAN HOUSING & REV POLICE PURCHASING
RECREATION WATER & SEWAGE OTHER _____

ADDRESS OF DEPARTMENT _____
DATE SENT _____ CONTACT PERSON _____
PHONE NUMBER _____ FAX NUMBER _____ EMAIL _____
CONTRACT AMOUNT \$ _____

SECTION B: CORPORATION LICENSE TYPE _____
CORPORATION NAME _____
ADDRESS _____ CITY/STATE/ZIP _____ OWN LEASE
CITY PERSONAL PROPERTY NUMBER _____ **FID / EIN NUMBER** _____
OTHER CITY-OWNED PROPERTY PARCELS _____
CONTACT PERSON _____ PHONE NUMBER _____ EMAIL ADDRESS _____

SECTION C: PARTNERSHIP LICENSE TYPE _____
BUSINESS NAME _____
BUSINESS ADDRESS _____ CITY/STATE/ZIP _____ OWN LEASE
CITY PERSONAL PROPERTY NUMBER _____ **FID / EIN NUMBER** _____

A: PARTNER'S NAME _____ PHONE NUMBER _____
HOME ADDRESS _____ CITY/STATE/ZIP _____ OWN LEASE
DRIVER'S LICENSE # _____ OTHER CITY-OWNED PROPERTY PARCELS _____

B. PARTNER'S NAME _____ PHONE NUMBER _____
HOME ADDRESS _____ CITY/STATE/ZIP _____ OWN LEASE
DRIVER'S LICENSE # _____ OTHER CITY-OWNED PROPERTY PARCELS _____

CONTACT PERSON _____ PHONE NUMBER _____ EMAIL ADDRESS _____

SECTION D: SOLE PROPRIETORSHIP LICENSE TYPE _____
BUSINESS NAME _____
BUSINESS ADDRESS _____ CITY/STATE/ZIP _____ OWN LEASE
CITY PERSONAL PROPERTY NUMBER _____ **FID / EIN NUMBER** _____
OWNER'S NAME _____ DRIVER'S LICENSE # _____ PHONE NUMBER _____
HOME ADDRESS _____ CITY/STATE/ZIP _____ OWN LEASE
OTHER CITY-OWNED PROPERTY PARCELS _____
EMAIL ADDRESS _____

SECTION E: PERSONAL SERVICES
NAME _____ ADDRESS _____ OWN LEASE
CITY/STATE/ZIP _____
PHONE NUMBER _____ DRIVER LICENSE # _____
OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT _____
SOCIAL SECURITY NUMBER _____ **EMAIL ADDRESS** _____

FOR TREASURY COLLECTION USE ONLY:

APPROVED _____	DENIED _____	DENIED WITH ATTACHMENTS _____
SIGNATURE _____	DATE _____	CLEARANCE VALID UNTIL _____