

L5 - BUSINESS LICENSE APPLICATION

Date: _____

Please read application carefully. Type or print legibly and complete all applicable items. Copies of required documents must be provided. Incomplete data will delay processing of your application. Fee to cover cost of processing must accompany application and is non-refundable. If space allowed below is insufficient complete answers on reverse side. Make checks payable to Treasurer, City of Detroit.

Business Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different than business address): _____

City: _____ State: _____ ZIP: _____

E-Mail: _____

Federal ID # (EIN): _____

Corporate Name: _____

Business, Trade, or Assumed Name: _____

Type of Business: _____

Have the applicant(s) operated this type of business anywhere during the past five years? Yes No

If yes, list location and dates of operation: _____

List names of all business owners, partners, or corporation officers and titles.

(Attach an additional list, if necessary)

Name (First, Last): _____

DOB: _____ Title: _____

Address _____

City: _____ State: _____ ZIP: _____

E-Mail: _____ Phone: _____

Drivers License Number: _____

Name (First, Last): _____

DOB: _____ Title: _____

Address _____

City: _____ State: _____ ZIP: _____

E-Mail: _____ Phone: _____

Drivers License Number: _____

Name (First, Last): _____

DOB: _____ Title: _____

Address _____

City: _____ State: _____ ZIP: _____

E-Mail: _____ Phone: _____

Drivers License Number: _____



Have the applicant and/or any of the persons listed as owners or officers of the business ever been convicted of a felony or misdemeanor? Yes No

AFFIDAVIT OF APPLICANT

**State of Michigan }
County of Wayne } ss.**

_____ first being duly sworn deposes and says that he/she has read the foregoing application by him/her subscribed and that he knows the contents thereof and that the same is true of his/her own knowledge and brief.

Signature _____ Title _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary's Signature _____ Notary Public
Wayne County, Michigan

Notary's Name (Printed): _____

My Commission Expires: _____

Intake Signature _____

This application can also be completed online. Visit detroitmi.gov/bseed/elaps for more information.

