

CITY OF DEWITT
COUNTY OF CLINTON

Filing is mandatory
required by Chapter 18,
Art. II of City Code

APPLICATION FOR REGISTRATION OF BUSINESS

The undersigned hereby certifies that he, she, (it) now owns and intends to conduct or transact business at:

_____ in the CITY of DEWITT under the business name of: _____
(Street and Number)

(Name of Business)

Is this a home occupation? _____ or _____ Contact Phone Number: _____
Yes No

This business entity is (check one): _____ Proprietorship _____ Partnership _____ Corporation _____
_____ Limited Liability Company _____ Other

Business is a franchise: _____ or _____ If Yes, indicate nature of franchised business _____
Yes No

Nature of Business _____

A letter detailing your business must be included with this application for registration of business.

Owner Information:

NAME

HOME ADDRESS

In Witness Whereof, I/We have this _____ day of _____, 20____, made and signed this registration.

SIGNATURE(S) OF OWNER(S) OR CORPORATE OFFICER(S)
AND DATE OF BIRTH

STATE OF MICHIGAN)

COUNTY OF _____) On _____, 20____, before me, a Notary Public, personally appeared the above named person or persons, whose signature(s) appear above, and who executed the foregoing instrument, and ___he ___ acknowledged to me that ___he___ executed the same, and that they are all of the persons now owning, conducting and transacting or who intend to own, conduct and transact business under the above name, style and designation.

Notary Public, _____ County, Michigan
My Commission Expires: _____

Date Received _____

REVIEWED BY: _____
CITY ASSESSOR

REGISTRATION NO. _____

ISSUED BY: _____
DANIEL COSS, CITY ADMINISTRATOR DATE