



CITY OF MOUNT CLEMENS

Office of the City Clerk
One Crocker Boulevard, Mount Clemens, Michigan 48043

Business Registration Application

City Ordinance #20.284

ANNUAL REGISTRATION PERIOD: JULY 1 – JUNE 30

FEE: \$25.00

NO FEE FOR NON-PROFIT ORGANIZATIONS

\*After June 30th a \$25 penalty will be added to the fee.

Return application with check payable to "City of Mount Clemens".

PLEASE PRINT OR TYPE CLEARLY
APPLICATION WILL NOT BE PROCESSED IF NOT FULLY COMPLETED AND SIGNED

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS: (if different than above) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ HOURS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

IS THIS BUSINESS NEW TO THE CITY OF MOUNT CLEMENS? [ ] YES [ ] NO (If yes, approval from the Community Development Department (Building and Inspections) will be required before the registration is issued.)

BUSINESS OWNER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER'S RESIDENTIAL ADDRESS: \_\_\_\_\_

BUILDING OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Signature of Applicant

Title of Applicant

Date

Upon approval, your business registration will be mailed to the business address.
Please post the registration in a conspicuous place inside your business.

