

27600 Jefferson
St. Clair Shores
MI 48081

City of St. Clair Shores

586-447-3399
fax 586-445-4098

Business License Application

Business Name _____

New License
 Renewal (CofO # _____)

Business Address _____

Business Phone: _____ Nature of Business: _____

Sole Proprietorship

Partnership

Corporation

Name, Address & Phone Number of Owner/Partner/President (circle one) _____

Date of Birth: _____ Driver's License Number: _____

Name, Address and Phone Number of Manager (if other than previously indicated): _____

Property Owned Property Leased (provide name & address of property owner)

A separate license is required for all coin-operated machines, video machines, juke boxes & other amusement devices. Please list all machines (except video machines – separate applications are required for these devices) and indicate owner/distributor name, address & phone number.

TYPE OF MACHINE

OWNER/DISTRIBUTOR NAME, ADDRESS & PHONE

TYPE OF MACHINE	OWNER/DISTRIBUTOR NAME, ADDRESS & PHONE
_____	_____
_____	_____
_____	_____

Applicant on behalf of business:

- Understands that the business license requested hereunder shall not be issued unless ALL PORTIONS of this application have been completed.
- Understands that no business license shall be issued unless said business has been issued a Certificate of Occupancy permitting the operation of the business at the address on this application.
- Hereby agrees to abide by all ordinances pertaining to signs, banners, etc., to advertise/promote said business.
- Hereby certifies that the above statements are true, accurate and complete.

X _____
Applicant Signature _____ Date _____

Business License Fee \$ _____	(Office Use Only)	Receipt No. _____
Late Fee _____		
Coin-Operated Fee _____		
TOTAL \$ _____		Date _____