



City of Lathrup Village

27400 Southfield Road, Lathrup Village MI 48076
248-557-2600 ext 223 | assistant@lathrupvillage.org

APPLICATION FOR GENERAL BUSINESS LICENSE/REGISTRATION

Business Name: _____

Address: _____

Business Telephone #: (____) _____ Fax#: (____) _____

Email Address: _____ Website: _____

New Business \$55.00 License Renewal \$10.00 Renewal with Penalty \$30.00
(Non Refundable)

**Please fill out the following information. Every line must be completed.
Incomplete application will be denied.**

Business Information

Description (Include all goods or services to be purchased or sold. If needed, please attach additional sheet):

Hours/Days of Operation: _____ Number of Employees: _____

Please list all officers, managers, etc (attach a separate sheet if needed):

Name: _____ Phone: (____) _____

Name: _____ Phone: (____) _____

Name: _____ Phone: (____) _____

Form of Entity (proprietorship, partnership, corporation, other): _____

Business Owner Information

Name: _____ Telephone #: (____) _____

Home Address: _____

Business Owners Drivers License#: _____ Last 4 digits of Social Security#: _____

What Business have you been engaged in for past 12 months:

Name: _____ Address: _____

Building Information

Owners Name: _____ Telephone #: (____) _____

Property Owners Address: _____

Square Footage: _____ Number of Parking Spots: _____

Property is Zoned as: _____



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I do hereby acknowledge that I have been informed of the following City Codes and Ordinance:

- A Business License Application must be submitted and approved before I may open my business.
- I have received a copy of the Business Regulations Ordinance.
- Prior to occupancy/or use, the Building Official must approve and certify that the property complies with City Codes and Ordinances.
- An inspection must be requested before license is approved.
- Business can only be conducted after receiving a signed Certificate.
- No signage or advertising upon the premises shall be erected or installed without a Sign Permit approved by the Building Official.
- Any other information regarding Business must be submitted.
- New Business/1st time applicant, Please submit a clear copy of applicant drivers license.

Applicants Signature: _____

Home Address: _____ Home Phone: _____
(Street, City, State, Zip)

Office Use Only:

APPROVED **DENIED** **Special Use/ZBA #** _____

Building Official _____ **Date:** _____

City Administrator _____ **Date:** _____

Property Inspected _____ **By** _____
(Date) (Inspector)

Date Received _____ **Zoning District** _____

License Expires: March 31st of each year