A Proud Community		osevelt Park		
BUSINESS REGISTRATION				
Hotel/Apartment \$125.00				
DUE ON OR BEFORE DECEMBER 31, 2024				
CITY CLERK'S OFFICE 900 OAK RIDGE Rd. ROOSEVELT PARK, MI 49441 PHONE - 231-755-3721 FAX - 231-755-1442				
BUSINESS INFORMATION				
BUSINESS NAME				
BUSINESS TYPE COMMERCIAL RESIDENTIAL *If this is a residential business – See article 11, Roosevelt Park Code of Ordinances, Section 10-33- Home Occupations				
BUSINESS ADDRESS (Physical Address of Business Located in the City of Roosevelt Park)				
MAILING ADDRESS (For Renewal and Correspondence)				
BUSINESS PHONE #				
BUSINESS E-MAIL		BUSINESS WEBSITE/URL		
DAYS/HOURS OF OPERATION				
DESCRIPTION OF BUSINESS OPERATION OR PRODUCT SOLD				
DESCRIPTION OF BUSINESS OPERATION OR PRODUCT SOLD				
BUSINESS OWNER INFORMATION				
LAST NAME	FIRST NAME	MIDDLE NAME		
DATE OF BIRTH	DRIVERS LICENS	E# STATE OF ISSUE		
HOME ADDRESS	HOME PHONE #	CELL PHONE #		
E-MAIL				
PLEASE FILL OUT BACK SIDE				

PROPERTY OWNER INFORMATION					
LAST NAME	FIRST NAM	1E	MIDDLE NAME		
HOME ADDRESS					
HOME PHONE #	CELL PHONE #				
E-MAIL ADDRESS					
EMERGENCY CONTACT INFORMATION					
LAST NAME	FIRST NAM	E	EMERGENCY PHONE #		
LAST NAME	FIRST NAM	E	EMERGENCY PHONE #		
LAST NAME	FIRST NAM	E	EMERGENCY PHONE #		
FIRE SAFETY INFORMATION					
	ials used, stored, or man				
If yes, where is it loca	matic external defibrillat ated?	or (AED) on site?	YES NO		
	APPLICANT SIGNATI	JRE	DATE		
NOTE: * YOUR BUSINESS IS <u>NOT</u> REGISTERED UNTIL FORM IS COMPLETE AND YOU HAVE RECEIVED YOUR CERTIFICATE.					
* SEPARATE APPLICATIONS AND FEES ARE REQUIRED FOR EACH BUSINESS LOCATION.					
THIS PORTION FOR CITY USE ONLY					
Fee PaidI	Payment Type	Date	Registration # RP-2023		