



Application for a Business License

George T. Darany, City Clerk
City of Dearborn, 16901 Michigan Ave. Ste. 11, Dearborn, MI 48126
313-943-2010

Existing Business
New Owner

New Business

Date of Application

Name of Owner/Applicant: _____

Street address of Owner: _____

City, State, Zip: _____

Owner's phone number: _____ Email _____

Name of Business to be licensed: _____

Street Address of Business: _____

City, State, Zip: _____

Business phone number: _____

HAVE YOU APPLIED FOR A CERTIFICATE OF OCCUPANY? Yes No

Description of Business Activity

CODE	TYPE OF LICENSE (For Each License Applied For)	FEE (For Each License Applied For)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		Total Fee \$ _____

I HEREBY SWEAR OR AFFIRM THAT ALL STATEMENTS MADE HEREON ARE TRUE & CORRECT.

X _____
SIGNATURE OF OWNER/APPLICANT