

City of Northville
Business Registration Application
(Revised June 2017)

Return Completed Application and Fees to: City Clerk’s Office, 215 W. Main St. Northville, MI 48167

Registration Fee: \$40
(Annual Renewal Required by Ordinance)

Make Checks Payable To: *City of Northville*

Review the Zoning Ordinance to determine the zoning for your location and your business is a permitted use. Questions pertaining to zoning and permitted uses should be directed to the Building Official. Zoning Ordinance and map are available on the City’s website at www.ci.northville.mi.us (go to Services / Building Department / Zoning Ordinance)

BUSINESS INFORMATION:

Business Name _____

Address _____, Northville, Michigan 48167+ _____

Mailing Address _____ **City** _____ **State** ____ **Zip** _____
(Needed only if different from business address)

E-mail Address _____ **Website Address** _____

Phone Number (_____) _____ **Fax Number** (_____) _____

Hours of Operation: MON _____ to _____ TUES _____ to _____
WED _____ to _____ THUR _____ to _____
FRI _____ to _____ SAT _____ to _____
SUN _____ to _____

Number of Employees _____

Planned Opening Date _____ **Business Category Code: Primary** _____ **Secondary** _____
(See attachment for categories)

Nature of Business: _____
(Describe in detail)

What is the Zoning for this location? _____ Zoning Map and Zoning Ordinance available on the City website at www.ci.northville.mi.us (go to Services / Building Department / Zoning Ordinance)

Is your proposed business a permitted use in that zoning district? _____ *Please contact the Building Inspector with questions pertaining to Zoning (734) 323-5613.*

Are you required to have a State of Michigan License or Permit for this type of business? ***Yes / No
(please circle)

***** If yes, you must attach a copy of the state license or permit to this application**

Are hazardous materials stored on site? Yes / No (please circle).

If yes, type of materials _____

Exact location where materials are stored _____

Business located in Historic District? Yes /No (please circle) If your business is located in the Historic District, you will need to apply to the Historic District Commission for sign approval and for other improvements to your building. Call 248-449-9902 if you need assistance.

Business located in Downtown Development Authority District? Yes /No (please circle)

BUSINESS OWNER INFORMATION:

1) Business Owner Name _____ Driver License – ATTACH COPY

Home Address _____ City _____ State ____ Zip _____

Mailing Address _____
(Needed only if different from business address)

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____

Have you ever been convicted of a crime, misdemeanor or the violation of any municipal ordinance?
(Disclosure required under Chapter 18 of the Northville Code of Ordinances)

Yes / No (please circle) **If yes, attach full explanation to this application.**

2) Business Owner Name _____ Driver License – ATTACH COPY

Home Address _____ City _____ State ____ Zip _____

Mailing Address _____
(Needed only if different from business address)

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____

Have you ever been convicted of a crime, misdemeanor or the violation of any municipal ordinance?
(Disclosure required under Chapter 18 of the Northville Code of Ordinances)

Yes / No (please circle) **If yes, attach full explanation to this application.**

If there are additional Business Owners to list, please attach a separate sheet.

BUSINESS MANAGER INFORMATION:

1) Business Manager Name _____ Driver License – ATTACH COPY

Home Address _____ City _____ State ____ Zip _____

Mailing Address _____
(Needed only if different from business address)

Home Phone (_____) _____ Cell Phone (_____) _____

Email Address _____

Have you ever been convicted of a crime, misdemeanor or the violation of any municipal ordinance?
(Disclosure required under Chapter 18 of the Northville Code of Ordinances)

Yes / No (please circle)

If yes, attach full explanation to this application.

2) Business Manager Name _____ Driver License – ATTACH COPY

Home Address _____ City _____ State ____ Zip _____

Mailing Address _____
(Needed only if different from business address)

Home Phone (_____) _____ Cell Phone (_____) _____

Email Address _____

Have you ever been convicted of a crime, misdemeanor or the violation of any municipal ordinance?
(Disclosure required under Chapter 18 of the Northville Code of Ordinances)

Yes / No (please circle)

If yes, attach full explanation to this application.

BUSINESS EMERGENCY CONTACT INFORMATION:

Name _____

Address _____ City _____ State ____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email Address _____

LANDLORD CONTACT INFORMATION:

Landlord Name _____

Address _____ City _____ State ____ Zip _____

Home Number _____ Business Phone Number _____

Cell Phone (_____) _____ Email Address _____

AFFIDAVIT (all owners/applicants listed on Page 2 must sign this application):

The following is included with this application:

- _____ Copy of State of Michigan License or Permit (if required to operate this type of business)
- _____ Copy of Driver's Licenses (for **all** business owners and business managers noted on application).
- _____ \$40 registration Fee (*payable to City of Northville*)

I (We) hereby affirm that the above information is complete and correct to the best of my knowledge and belief. Further, as the business owner/applicant, I (we) have read and understand the business license ordinance as outlined in Chapter 18 of the City of Northville Code of Ordinances. I (we) understand that annual renewal of the business license is required. I (we) further understand that this business shall not permanently close or go out of business without notifying the city clerk at least two weeks in advance of such closing or going out of business.

1) Applicant/Owner Signature _____ **Date** _____

Print Name: _____

2) Applicant/Owner Signature _____ **Date** _____

Print Name: _____

3) Applicant/Owner Signature _____ **Date** _____

Print Name: _____

OFFICE USE ONLY: *License cannot be issued until the review process is complete*

Fire Department: Approved / Denied Signature _____ Date _____

Reason for denial: _____

Building Department: Approved / Denied Signature _____ Date _____

Reason for denial: _____

Police Department: Approved / Denied Signature _____ Date _____

Reason for denial: _____

City Clerk: Copy of Approved Application Forwarded to:

Assessor / Date _____ DDA Date _____ UB /Date _____ Comm/Date _____ Bus Clk /Date _____

Signature _____ Date _____

Business License Clerk: Entered into BS&A _____ Date Registration issued and mailed _____

Business no longer in the City/Out of Business: Date: _____