



# 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**