



RIVERVIEW CITY CLERK'S OFFICE

14100 Civic Park Drive, Riverview, MI 48193
Phone: (734) 281-4240 Fax: (734) 281-4228

FOR OFFICE USE ONLY:

Date Issued:

License Number:

NEW BUSINESS LICENSE APPLICATION

ATTACH ADDITIONAL SHEETS AS NECESSARY

BUSINESS LICENSE _____ HOME OCCUPATION X PROFESSIONAL REGISTRATION _____

DBA (Doing Business As) _____ Business Name _____

Business Address _____ RIVERVIEW, MI 48193 _____ Business Phone _____

Mailing Address (If different from above) _____ City _____ State _____ Zip _____ Cell or Home Phone # _____

DETAILED DESCRIPTION OF BUSINESS:

_____	Professional Registration _____	Housing Registration _____	Instructional Classes _____
_____	Builder / Contractor _____	Vehicle _____	Salon _____
_____	Retail / Wholesale _____	Manufacturing _____	Personal Services _____
_____	Distributor _____	Other Describe _____	

A Business License is Non-Transferable. A New Owner is required to file a New Business License Application.

LIST OWNERS, PARTNERS OR PERSONS MANAGING THIS LOCATION:

<u>Name(s)</u>	<u>Title</u>	<u>Residence Address, City, State, Zip</u>	<u>Cell or Home Phone #</u>
_____	_____	_____	_____
_____	_____	_____	_____

LIST LOCAL CONTACT PERSONS FOR INQUIRIES AND/OR EMERGENCIES:

<u>Name</u>	<u>Title</u>	<u>Cell or Home Phone #</u>
_____	_____	_____
_____	_____	_____

LIST ANY OTHER BUSINESSES OWNED OR OPERATED IN MICHIGAN:

<u>Name</u>	<u>City, State & Zip</u>	<u>Cell or Home Phone #</u>
_____	_____	_____
_____	_____	_____

Applicant Background Checks do not necessitate denial of a business license per Riverview Code of Ordinances Secs. 14-48 and 14-49.

Have you ever been charged or convicted of a misdemeanor or felony? Yes ___ No ___ If yes, the Date: _____
Court: _____ Charge: _____
Outcome: _____

By signing below, I certify that the statements provided on this Business License Application are true.

Print Name and Title _____ Signature of Owner / Applicant _____ Date of Application _____

A COPY OF APPLICANT'S DRIVERS LICENSE IS REQUIRED AT TIME OF FILING.

B/E Inspection Fee: \$50.00 (if applicable) Date: _____ Business License Fee: \$50.00 Date: _____

FOR OFFICE USE ONLY:

Received by: _____ Date: _____ Check #: _____ Taxes Paid: Yes ___ No ___ Owes \$ _____ Revised 01-18-19

AUTHORITY FOR RELEASE OF INFORMATION

I _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Riverview Police Department and/or Code Enforcement Departments, whether the said records are of public, private or confidential nature.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees and the City of Riverview from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy/facsimile of this release form will be valid as an original hereof, even though the said photocopy/ facsimile does not contain an original writing of my signature

MUST BE SIGNED IN PRESENCE OF A NOTARY:

(AVAILABLE AT RIVERVIEW CITY HALL)

Signature

Subscribed and sworn before me this _____ day of _____, 20____

My commission expires: _____, 20____

Notary: _____
Signature

Print Name: _____
Notary Public

DEPARTMENTAL APPROVALS

Approved _____ Denied _____ Pending _____

Building Department Date

Approved _____ Denied _____ Pending _____

Code Enforcement Date

Approved _____ Denied _____ Pending _____

DPW Cross Connections Date

Approved _____ Denied _____ Pending _____

Planning Department Date

Approved _____ Denied _____ Pending _____

Fire Marshall Date

Business Name: _____ **Date:** _____

Business Address: _____ **Business Phone #:** _____

BUSINESS EMERGENCY CONTACTS – POLICE DEPARTMENT

This data is requested by the Riverview Police Department for emergency contact information only in the event of a robbery, water main break, or other emergency. The Riverview Police Department supports a proactive approach to building security from a crime prevention standpoint and recommends a few inexpensive suggestions:

- **Locks** – High security/case hardened locks, solid core wood or metal doors for the exterior as well as security glass in doors (if equipped) to prevent access to door locks being defeated. 40 inch rule: Any glass within 40 inches of a door lock should be protected.
- **Building Exterior:** Unsecured ladders, rocks, debris and large trees/shrubs, etc. should be removed to promote better observation from the exterior by Police and citizens.
- **Outside Lighting** – Appropriate amount for adequate coverage of parking lot and exterior of building. Leave lights on during hours of darkness to assist officers with checking the area while on patrol. 180 degree viewers installed on rear doors.
- **Security Cameras** – The lenses of all security cameras should be free of all obstructions and in good working order.
- **Alarms** – Should be well maintained. Persons with the authority to deactivate the alarm should be listed as emergency call out persons in the event the owner is not available.
- **Dumpster Areas** – Should be kept away from the building and locked or contained by chain link denying access or concealment opportunities.
- **Outside Observations** – Owners of businesses should observe the outside of their businesses with security in mind. All suspicious activity should be reported to the Police Department.
- **Retail business handling cash** - Should have a safe or bank drop procedures as well as a robbery prevention program in place including signage inside stating “theft will not be tolerated and will be prosecuted to the fullest extent of the law”.

Call 281-4222 if assistance is required.

Applicant’s Full Name: _____

Applicant’s Drivers License #: _____ Applicant’s Date of Birth: _____
(Copy required)

Home Address: _____ City: _____ State: _____ Zip: _____

Applicant’s Home Phone: _____ Cell Phone Number: _____

#1) Local Emergency Call-Out Person:

Name	Relationship	Phone #
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#2) Local Emergency Call-Out Person:

Name	Relationship	Phone #
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