



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

Issued Date:
License Number:

APPLICATION FOR BUSINESS LICENSE RENEWAL
Part 1: Application for Business License Renewal

O Check here if information has not changed within the last year.

EXCEPTION: Line No. 4 must be answered on each Renewal application and Signed by Owner/s or it will be Returned for completion, Riverview Code of Ordinances Sec. 14-36(6) State Licensees are not exempt per Sec. 14-35.

☐ BUSINESS LICENSE ☐ HOME OCCUPATION ☐ PROFESSIONAL REGISTRATION

In order to update our records, please enter the year you opened your business in Riverview: _____

DBA (DOING BUSINESS AS) _____

BUSINESS: _____

WEBSITE ADDRESS FOR LINK ON CITY WEBSITE _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____

CITY _____

STATE _____

ZIP CODE _____

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

1. BUSINESS OWNER/CORPORATION OFFICER (OR NAMES AND ADDRESSES OF EACH OFFICER, IF THE APPLICANT IS A CORPORATION, IS REQUIRED.)

Name _____

Complete Home Address _____

Mailing Address (if different from above:) _____

Home Telephone: _____ Business Phone: _____

Email Address: _____ Cell Phone: _____

BUSINESS OWNER/CORPORATION OFFICER:

Name _____

Complete Home Address _____

Mailing Address (if different from above:) _____

Home Telephone: _____ Business Phone: _____

Email Address: _____ Cell Phone: _____

BUSINESS OWNER/CORPORATION OFFICER:

Name _____

Complete Home Address _____

Mailing Address (if different from above:) _____

Home Telephone: _____ Business Phone: _____

Email Address: _____ Cell Phone: _____

BUSINESS MANAGER (Person submitting application for Corporation or LLC)

Name _____

Complete Home Address _____

Mailing Address (if different from above:) _____

Home Telephone: _____ Business Phone: _____

Email Address: _____ Cell Phone: _____

2. PROPERTY OWNER: (if different from above)

Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

3. BUSINESS INFORMATION: Type of Business

- | | | | |
|--|---|------------------------------|---------------------------------|
| <input type="radio"/> builder/contractor | <input type="radio"/> food/restaurant | <input type="radio"/> office | <input type="radio"/> vehicle |
| <input type="radio"/> distributor | <input type="radio"/> housing registration | <input type="radio"/> retail | <input type="radio"/> warehouse |
| <input type="radio"/> instructional | <input type="radio"/> professional registration | <input type="radio"/> salon | <input type="radio"/> wholesale |
| <input type="radio"/> manufacturing | <input type="radio"/> other: _____ | | |

Merchandise/Description of Operation: _____

No. of Employees _____ No. of Parking Spaces _____ Bldg. Square Footage _____

Liquor: Sales/Provided On site? Explain: _____

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

4. BACKGROUND INFORMATION (Applicant/Owner(s) or person conducting or managing applicant's business)

_____ Have you ever been charged or convicted of a misdemeanor or felony?

Print Name/Title of Applicant

☐ Yes ☐ No If yes, the Date: _____

Court: _____ Charge: _____

Outcome: _____

BACKGROUND INFORMATION:

_____ Have you ever been charged or convicted of a misdemeanor or felony?

Print Name/Title of Applicant

☐ Yes ☐ No If yes, the Date: _____

Court: _____ Charge: _____

Outcome: _____

BACKGROUND INFORMATION:

_____ Have you ever been charged or convicted of a misdemeanor or felony?

Print Name/Title of Applicant

☐ Yes ☐ No If yes, the Date: _____

Court: _____ Charge: _____

Outcome: _____

5. LIST ANY OTHER BUSINESSES OWNED OR OPERATED IN MICHIGAN:

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

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

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

<u>Print Name/Title of Applicant</u>	<u>Date</u>	<u>Signature of Applicant</u>	<u>Date</u>
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For Office Use Only:

FEES:

Renewal License Fee: \$ _____ Date Paid: _____

Account No: 101-000-625.010

Received by: _____ Date: _____ Check #: _____ Taxes Paid: ☐ Yes ☐ No Bal. Due: \$ _____

Part 2: City of Riverview Public Safety Departments

Business Name: _____ **Date:** _____

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

Emergency Contacts

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: _____

Emergency Contact People: (List by priority)

Name/Title	Phone (s)	City
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Building Owner: If not listed above:

Complete Address: _____ Phone: _____
2nd Phone: _____