



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

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**

- builder/contractor     food/restaurant     office     vehicle
- distributor     housing registration     retail     warehouse
- instructional     professional registration     salon     wholesale
- manufacturing     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 &amp; 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.*

Print Name/Title of Applicant	Date	Signature of Applicant	Date
_____	_____	_____	_____

**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: \_\_\_\_\_