



# 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 &amp; 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: \$40.00 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 \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Pending \_\_\_\_\_

\_\_\_\_\_  
Building Department Date

\_\_\_\_\_  
DPW Cross Connections Date

\_\_\_\_\_  
\_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Pending \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Planning Department Date

\_\_\_\_\_  
\_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Pending \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Pending \_\_\_\_\_

\_\_\_\_\_  
Code Enforcement Date

\_\_\_\_\_  
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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