



CITY OF WYANDOTTE

Office of the City Clerk
 3200 Biddle Ave.
 Wyandotte, MI 48192
 (734) 324-4560

BUSINESS REGISTRATION & LICENSE APPLICATION

NEW BUSINESS / CHANGE OF OWNERSHIP

RENEWAL APPLICATION

PLEASE RETURN THIS APPLICATION WITH PAYMENT & INVOICE
 NO LATER THAN THE DATE INDICATED ON YOUR INVOICE.

NEW BUSINESSES MUST COMPLETE ALL SECTIONS

IF MULTIPLE BUSINESSES OPERATE AT THE SAME ADDRESS, PLEASE COMPLETE ONE FORM PER BUSINESS.

This section is required

BUSINESS INFORMATION

Business Address:					
Name of Business:					
Doing Business As (DBA):					
Business Phone:		Business Website:			
Mailing Address:					
Business Email Address:		Federal ID#:			
Days & Hours of Operation:					
Brief Description of Operation (types of goods & services):					
Business Type:		<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other _____
Business Property:		<input type="checkbox"/> Own	<input type="checkbox"/> Lease		
If leased, list property owner, phone and address:					
Do you possess a Certificate of Occupancy/Conformity for said business(es)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No (see ENG dept.)		
Please check a category that describes the primary nature of your business: (check one only)		<input type="checkbox"/> Club/Veteran's Organization		<input type="checkbox"/> Service	
		<input type="checkbox"/> Industrial		<input type="checkbox"/> Restaurant	
		<input type="checkbox"/> Professional/Medical/Dental		<input type="checkbox"/> Retail	
		<input type="checkbox"/> Auto Service/Sales		<input type="checkbox"/> Financial/Banking	

**No changes to this section
 (Required for new businesses)**

BUSINESS OWNER INFORMATION

Name of Owner #1:		Phone:	
Owner's Address:			
No. & Street Name		City	State Zip
Email Address:		DL #:	
Name of Owner #2:		Phone:	
Owner's Address:			
No. & Street Name		City	State Zip
Email Address:		DL #:	

<input type="checkbox"/> No changes to this section (Required for new businesses)	EMERGENCY CONTACT/KEYHOLDER INFORMATION Person should be able to respond to the premises in the event of an emergency or to reset or deactivate the alarm system.	
Person in Charge of Daily Operations & Title, if different than owner:		Phone:
Emergency Contact #1:		Phone:
Emer. Contact #1 Address:		Email:
Emergency Contact #2:		Phone:
Emer. Contact #2 Address:		Email:

This section is required	SAFETY INFORMATION	
Are there hazardous materials on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please attach Material Safety Data Sheets (MSDS) for all Identified Materials		
Do you have a Knox Box?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

This section is required	LICENSING ATTACHMENTS		
Type of State License Possessed:			
State License #		Expiration Date:	
I have attached copies of all applicable city, county, and state licenses that are required to operate my business.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

ADDITIONAL DOCUMENTATION	
As required by the Wyandotte Code of Ordinances, certain types of businesses are required to hold a license, in addition to registering their business. In such cases, the business will be licensed and registered upon payment of the license fee.	
The following businesses are required to submit additional documentation. Please see below for details.	
If your business is not listed below, please skip to the next section requiring attestation by signature.	
Arcades:	<ul style="list-style-type: none"> • ICHAT Report for each owner and keyholder (can be found at: https://apps.michigan.gov/) • Council resolution approving issuance of license • Annual Fee - \$500
Billiard Rooms/Tables:	<ul style="list-style-type: none"> • ICHAT Report for each owner and keyholder (can be found at: https://apps.michigan.gov/) • Annual Fee - \$100 per establishment, \$50 per pool table
Junk Dealers/Yards	<ul style="list-style-type: none"> • ICHAT Report for each owner and keyholder (can be found at: https://apps.michigan.gov/) • Council resolution approving issuance of license • \$1,000 surety bond • Annual Fee - \$300 per yard, \$75 per wagon/truck/other vehicle
Pawnbrokers/Secondhand Dealers:	<ul style="list-style-type: none"> • ICHAT Report for each owner and keyholder (can be found at: https://apps.michigan.gov/) • \$3,000 surety bond • Compliance with Act 350 of the Public Acts of 1917 • Annual Fee - \$150

Tattoo Establishments:	<ul style="list-style-type: none"> • ICHAT Report for each owner and keyholder (can be found at: https://apps.michigan.gov/) • Council resolution approving issuance of license • Annual Fee - \$400 first year, \$350 each renewal year
Massage Establishments:	<ul style="list-style-type: none"> • ICHAT Report for each owner and keyholder (can be found at: https://apps.michigan.gov/) • Annual Fee - \$500
Used Car Dealers	<ul style="list-style-type: none"> • ICHAT Report for each owner and keyholder (can be found at: https://apps.michigan.gov/) • \$3,000 surety bond • Annual Fee - \$250

By signing below, I attest that I have read, understand and agree to abide by all City of Wyandotte codes and ordinances, including the business license sections located in Title XIII, Chapter 130.

As the owner of the above said business or an authorized representative of said business making application for this registration, I attest that I have read the foregoing application and know the contents thereof to be true to the best of my knowledge. I further understand that City of Wyandotte Business Registrations and Licenses must be renewed each year by the first Monday in June.

Applicant Name (printed):			
Signature:		Date:	

Owner Manager Officer Other _____

Return all correspondence to: City Clerk's Office, 3200 Biddle Ave., Wyandotte, MI 48192
For questions, please call City Clerk's Office at (734) 324-4560.

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Certificate of Conformity/Occupancy? Yes No (If no, direct to ENG/BLDG Department)
Applicable State/County/Etc. licenses attached? Yes No (MUST attach licenses to be processed)

Information sent to:

DEPARTMENT	YES	N/A
ENG	<input type="checkbox"/>	<input type="checkbox"/>
WPD	<input type="checkbox"/>	<input type="checkbox"/>
WFD	<input type="checkbox"/>	<input type="checkbox"/>

DEPARTMENT	YES	N/A
ASSESSING	<input type="checkbox"/>	<input type="checkbox"/>
MUNICIPAL	<input type="checkbox"/>	<input type="checkbox"/>
OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>

Amount Paid:		Date Payment Recorded:	
Business ID:		Date Certificate Sent:	
Received By:			