

CITY OF DEARBORN HEIGHTS Business License Application

****Please Print Clearly and Legibly****

_____ Date of Application

BUSINESS INFORMATION

Name of Business: _____

Business Address: _____ City: _____ Zip Code: _____

Phone Number: _____

BUSINESS OWNER INFORMATION

Business Owner: _____ Phone Number: _____

Owner Address: _____ City: _____ Zip Code: _____

WHICH ADDRESS WOULD YOU LIKE USED FOR MAILING PURPOSES?

BUSINESS ADDRESS

OWNER ADDRESS

DESCRIPTION OF BUSINESS ACTIVITY

SIGNATURE OF APPLICANT _____

NOTICE

Prior to the issuance of a business license the **WATER BILL** and **PERSONAL PROPERTY TAX** for the property must be paid up-to-date or be on an acceptable payment plan. In addition, there must be a current **CERTIFICATE OF OCCUPANCY** on the building (this document can be obtained from the Building Department).