

Township Supervisor
Brenda L. Stumbo
Township Clerk
Heather Jarrell Roe
Township Treasurer
Stan Eldridge



**YPSILANTI
TOWNSHIP**
— ORDINANCE DEPARTMENT —

Trustees
John Newman II
Gloria Peterson
Debbie Swanson
Ryan Hunter

BUSINESS REGISTRATION APPLICATION

Non-Refundable Registration Fee - \$200.00

A business registration certificate granted under this article shall be valid until the business establishment is transferred or sold to a new owner or if the business expands its use to include uses not listed in the original application.

NAME OF BUSINESS

BUSINESS ADDRESS

OWNER /AGENT INFORMATION

OWNER / AGENT FULL NAME (PRINTED)

OWNER / AGENT BUSINESS ADDRESS

CITY

STATE

ZIP

OWNER / AGENT RESIDENCE ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL ADDRESS

24-HOUR EMERGENCY CONTACT

EMERGENCY CONTACT FULL NAME (PRINTED)

24-HR PHONE OF CONTACT

EMAIL ADDRESS OF CONTACT

PROPERTY OWNER INFORMATION

PROPERTY OWNER FULL NAME (PRINTED)

PROPERTY OWNER ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL ADDRESS

IF YOU DO NOT OWN THE PROPERTY, A COPY OF YOUR LEASE OR OPTION TO PURCHASE THE PROPERTY MUST BE PROVIDED. ALL FINANCIAL AND OTHER SENSITIVE INFORMATION MAY BE REDACTED.

LEASE/OPTION TO PURCHASE PROVIDED? _____ YES _____ NO

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Business License Registration Application
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1. Explain the nature and kind of business to be conducted: _____

2. List the nature and character of goods, wares and merchandise to be sold, offered for sale or services to be provided:

3. Will any hazardous materials be stored, kept or used at the business establishment premises? Hazardous materials are those chemicals or substances defined as such in the International Fire Code adopted by reference in Section 30-26 of the Township Code of Ordinances.

_____ No _____ Yes IF YES, LIST ALL HAZARDOUS MATERIALS: _____

BUSINESS HOURS: _____ NUMBER OF EMPLOYEES ON PREMISES: _____

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

DATE

