



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 _____

_____ RIVERVIEW, MI 48193 _____
BUSINESS ADDRESS BUSINESS PHONE

MAILING ADDRESS (If different than 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 _____	Food / Restaurant _____
_____	Distributor: _____	Other Describe : _____	

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 & Zip</u>	<u>Cell or Home Phone #</u>
_____	_____	_____
_____	_____	_____

Have you ever been charged or convicted of a misdemeanor or felony? Yes ___ No ___ If yes, the Date: _____
Court: _____ Charge: _____
Outcome: _____

Inspection Fee: \$ 50.00 Date Paid: _____

License Fee: \$ 40.00 Date Paid: _____

Total: \$ _____

Print Name and Title _____

Date of Application _____

A COPY OF APPLICANT'S DRIVERS LICENSE IS REQUIRED AT TIME OF FILING.

Signature of Owner / Applicant _____

FOR OFFICE USE ONLY:

Received by: _____ Date: _____ Check #: _____ Taxes Paid: Yes ___ No ___ Owes \$ _____ Revised 03-22-11

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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