

CITY OF DEWITT
COUNTY OF CLINTON

Filing is mandatory and
required by Chapter 18,
Art. II of City Code

APPLICATION FOR REGISTRATION OF BUSINESS

The undersigned hereby certifies that he, she, (it) now owns and intends to conduct or transact business at:

_____ in the CITY of DEWITT
(Street and Number)

under the business name of: _____
(Name of Business)

This business entity is (check one): ___Proprietorship, ___Partnership, ___Corporation,
___Limited Liability Company, ___Other

Business is a franchise: ___Yes , ___No. If Yes, indicate nature of franchised business _____

Nature of Business _____

Leased equipment used in the business is owned by:

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____

The undersigned further certifies that the legal name and the address of the person(s) owning, conducting or transacting said business is:

NAME	DRIVER'S LICENSE	HOME ADDRESS
_____	_____	_____
_____	_____	_____

In Witness Whereof, I/We have this ____ day of _____, 20____, made and signed this registration.

SIGNATURE(S) OF OWNER(S) OR CORPORATE OFFICER(S)
AND DATE OF BIRTH

STATE OF MICHIGAN)
COUNTY OF _____) On _____, 20____, before me, a Notary Public, personally appeared the above named person or persons, whose signature(s) appear above, and who executed the foregoing instrument, and ___he___ acknowledged to me that ___he___ executed the same, and that they are all of the persons now owning, conducting and transacting or who intend to own, conduct and transact business under the above name, style and designation.

Notary Public, _____ County, Michigan
My Commission Expires: _____

Date Received _____ APPROVED _____

GAIL A. WATKINS, CITY ASSESSOR

REGISTRATION NO. _____