



For City Use

License Number: **17** - \_\_\_\_\_

## CITY OF WOODHAVEN, MICHIGAN

### BUSINESS and ALARM SYSTEM REGISTRATION APPLICATION

New Application \$100.00

Renewal Application \$100.00

RETURN WITH PAYMENT BY JANUARY 31ST, 2017 (Payable to City of Woodhaven)

If you are a non-profit, please enclose a copy of your Non-Profit Status for a waiver of fee.

Return all correspondence to: City Clerk's Office, 21869 West Road, Woodhaven, MI 48183

For questions call City Clerk's Office: (734) 675-4903

#### BUSINESS INFORMATION

Name of Business: \_\_\_\_\_ Home Occupation:  Yes  No

Doing Business As (DBA): \_\_\_\_\_ Federal Id#: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Email address: \_\_\_\_\_ Business Website: \_\_\_\_\_

Days/Hours of Operation: \_\_\_\_\_

Brief Description of Operation (types of goods/services): \_\_\_\_\_

Type of State License Possessed: \_\_\_\_\_ License No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Business Type:  Corporation  Partnership  Sole Proprietorship  Other \_\_\_\_\_

Business Property:  Own  Lease Zoned As: \_\_\_\_\_

If leased, Property Owner, phone and address: \_\_\_\_\_

#### BUSINESS OWNER INFORMATION

Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Person in charge of daily operations: \_\_\_\_\_ Phone: \_\_\_\_\_

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**EMERGENCY INFORMATION** - Person should be able to respond to the premises in the event of an emergency or to reset or deactivate the alarm system, or who could contact the alarm user if the alarm user is not at the protected premises.

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**BUILDING AND ALARM INFORMATION**

Type of Alarms on Premises:  Holdup  Break-in  Fire  Silent

Is there a sprinkler/hood suppression system?  Yes  No

Alarm (Police, Fire, sprinkler or hood suppression) Company Responsible for Maintenance and Repair:

\_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Building Maintenance Company (Business Owner is responsible for sidewalk snow removal):

\_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a safe/vault on Premises?  Yes  No

Is the safe/vault visible from the outside?  Yes  No

Are there hazardous materials on the premises?  Yes  No

If Yes, please attach Material Safety Data Sheets (MSDS) for All Identified Materials

Do you have a Knox Box?  Yes  No

As the owner of the above said business making application for this registration or an authorized representative of said business, deposing that I have read the foregoing application and know the contents thereof, and that the same is true to the best of my knowledge. I further understand that the City of Woodhaven Business and Alarm System Registration must be renewed as of January 1st annually.

Applicant Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Owner

Manager

Officer

Other