



For City Use

License Number: 18 - _____

CITY OF WOODHAVEN, MICHIGAN

BUSINESS and ALARM SYSTEM REGISTRATION APPLICATION

New Application \$100.00

Renewal Application \$100.00

RETURN WITH PAYMENT BY JANUARY 31ST, 2018 (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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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