



City of Ecorse Business License Application

Name of Business: _____

Business Owner:

Cell Phone:

Owner Address:

Fax Number:

Owner Address2

Email Address:

City, State, Zip:

Driver License #:

Home Phone:

Social Security #:

Work Phone:

Date of Birth:

BACKGROUND CHECK AVAILABLE AT WWW.MICHIGAN.GOV/ICHAT (\$10.00)

Doing Business As: _____

This business application must be approved before a business license can be issued. No business activity can be conducted until a business license has been issued. Incomplete applications will not be processed and returned to the applicant. The business license year begins May 1st and ends April 30th of the following year. It is the responsibility of the applicant to maintain an active license by renewing the license each year. Failure to do so will lead to extensive fees and possible termination of license.

Applicant Signature: _____

Date: _____

Official Use Only

Public Safety Dept: _____

Date: _____

Building Dept: _____

Date: _____

City Clerk: _____

Date: _____

City Treasurer: _____

Date: _____