



CITY OF NEW BALTIMORE

36535 Green Street
New Baltimore, MI 48047
(586) 725-2151

\$20.00

Fee _____

BUSINESS LICENSE APPLICATION

BUSINESS NAME AND ADDRESS

*Required prior to Business License Issuance:
Knox Box Installation
City Certification Compliance
**Effective 2/17/10 Failure to obtain a Business License
shall be a misdemeanor punishable by up to 93 days in jail
and/or a \$500.00 fine***

BUSINESS NAME TO APPEAR ON LICENSE _____

BUSINESS PHONE _____ EMERGENCY PHONE _____

MAILING ADDRESS _____
(if different from business address)

BUSINESS WEBSITE _____

TYPE OF BUSINESS _____

CONTACT PERSON _____ PHONE # _____

OWNER NAME _____

OWNER ADDRESS _____
City State Zip

OWNER PHONE # _____ EMAIL _____

*The City Clerk's Office is authorized to release personal information to third parties. ____ Yes ____ No
(i.e. home address, home and cell phone numbers, personal email)*

Name (Please print)

Signature

Date

For Office Use Only

Building _____
Initial Date

Fire _____

License Number _____

Date Issued _____