



City of Michigan City
Application for Business Registration

Application #
Received
Approved
Scanned

PLEASE PRINT OR TYPE - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
INSPECTIONS ARE MANDATORY

Property Address Suite #
Use of property
(be specific)
If chemicals are required for use on the property, please list chemicals

Is the business located within a residential dwelling? Yes No
Does any of the following apply? Change of Use Expansion Changes in Exterior or Exterior Remodel

Business Name (DBA)
Business Phone Email Address

Business Mailing Address City State Zip

Contact Person Daytime Phone

Emergency Contact Person

Daytime Phone After Hours Phone

Business Owner's Address City State Zip

Property Owner's Address City State Zip

Square footage of Building Number of Employees Business Hours

Which is applicable: Business Hours
I am the business owner I am the property owner I am the leasing agent
Other

Driver's License Number:

State of Issuance:

I HEREBY CERTIFY THAT I AM THE OWNER OR AN AUTHORIZED AGENT OF THE OWNER WITH PERMISSION TO EXECUTE THIS DOCUMENT, I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT.

Your name (printed) Signature

Date Phone Fax

Email: