

**CITY OF DEARBORN HEIGHTS
BUSINESS LICENSE/REGISTRATION FORM**

**PLEASE PRINT – THIS FORM MUST BE
COMPLETELY FILLED OUT IN ORDER
TO BE PROCESSED.**

DATE OF APPLICATION

(A) _____
Name of Business

Address of Business

City, State, Zip

(B) _____
Name of Owner/Applicant

Address of Owner/Applicant

City, State, Zip

(C) _____
Name of Partner

Address of Partner

City, State, Zip

Please circle whether you are the
owner or occupant of the business.

OWNER
OCCUPANT

Please Circle [A] [B] [C] for license and renewal mailing purposes

Business Number: _____

Home Number: _____

DESCRIPTION OF BUSINESS ACTIVITY

SIGNATURE OF APPLICANT: _____

DRIVER'S LICENSE NUMBER: _____

DATE OF BIRTH: _____

TYPE OF LICENSE – LIST EACH

FEE

_____	_____
_____	_____
_____	_____
_____	_____

TOTAL FEE \$ _____

NUMBER OF TAGS AND TAG NUMBERS (IF APPLICABLE) _____