



CITY OF GROSSE POINTE WOODS

20025 MACK PLAZA DRIVE
GROSSE POINTE WOODS, MI 48236
313-343-2440
WWW.GPWMI.US

Annual Fee: \$100*
Expires 3/31 Annually
Renewals Due 4/1 Annually

NEW Business License Application

LICENSE NO: _____

BUSINESS INFORMATION:

Business Name: _____ **P.P. ID 999-** ____ / ____ / ____
Business Address: _____ **Phone:** _____
City, State Zip: GROSSE POINTE WOODS, MI 48236 **Fax:** _____
Type of Business: _____ **No. of Employees:** _____
Check One: () Sole Proprietorship () Corporation () Partnership () LLC () Non-Profit () Other _____

BUSINESS OWNER INFORMATION:

Name: _____ **Date of Birth:** _____
Address: _____ **Phone:** _____
City, State Zip: _____ **Cell Ph:** _____
E-Mail: _____

The following information is required by the Grosse Pointe Woods Public Safety Department.

Emergency Contact #1: _____ **Phone:** _____
Emergency Contact #2: _____ **Phone:** _____
Emergency Contact #3: _____ **Phone:** _____
Security Company: _____ **Phone:** _____

CURRENT REAL PROPERTY OWNER:

Name: _____ **Phone:** _____
Address: _____ **City, State Zip:** _____

*Churches, schools, governmental agencies, and banks are fee exempt, however, completed forms must be returned.

Supply all requested information. Attach a copy of State and/or County mandated licenses.

Application is being made in accordance with the 2017 Grosse Pointe Woods City Code, Ch. 10 Art. II, Sec 10-19 through 10-27. All county and city personal property taxes must be paid in full.

I hereby affirm that the above information and any accompanying information is true and accurate to the best of my knowledge.

Applicant's Signature _____ Title _____ Date _____

Do Not Write Below this Line. For Official Use Only.

APPROVALS:

Building Official: [] Variance Requested [] Building Inspections [] Fire Safety
[] Use Approved _____ Public Hearing Date [] Issued
[] Use Denied [] Variance Approved **NOTES:** _____
[] Variance Denied _____

A license certificate will be mailed to your business upon approval.

CASHIER'S COPY

DO NOT DETACH - OFFICE COPY

Business Name: _____
Business Address: _____
City, State Zip: GROSSE POINTE WOODS, MI 48236

AMOUNT DUE: Prorated Monthly
TOTAL DUE: _____