



# 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 \_\_\_\_\_

**Return to Building Dept. 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  
[ ] Variance Denied

**NOTES:** \_\_\_\_\_

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:** \_\_\_\_\_