# City of Rockford
# Business Registration Application

$20.00 Application Fee

CHECK ONE

| Individual | Partnership | Corporation | LLC | Other |
|---|---|---|---|---|
| | | | | |

Business Name (DBA) _____ Business Phone: _____

Individual/Corporation/Partnership Name: _____
(If different from above)

Mailing Address: _____
Street or P.O. Box City, State Zip

Business Street Address: _____
(If different from mailing address)

Business is located in: Residential Zone Commercial/Industrial Zone

Business Description: _____

Business Type (i.e. Retail, Restaurant, Service, Etc):_____

Email: _____ Website: _____

BUSINESS OWNER'S NAME, ADDRESS, PHONE: (List all Owners/Partners/Officers; if more space is needed, attach list)

| NAME | ADDRESS | PHONE |
|---|---|---|
| | | |
| | | |

EMERGENCY CONTACTS: (This information will be shared with Rockford Public Safety)

| NAME | ADDRESS | PHONE |
|---|---|---|
| | | |
| | | |

APPROVAL (if applicable)

| Zoning | Building (PCI) | Fire Dept. |
|---|---|---|
| | | |

**MAKE CHECKS PAYABLE TO:**
CITY OF ROCKFORD
7 SOUTH MONROE
ROCKFORD, MI 49341

Applicant Name: _____ Title:_____

Applicant Signature: _____ Date:_____