



APPLICATION FOR BUSINESS LICENSE

To the CITY OF IRONWOOD, State of Michigan,

_____ hereby makes application to you for permission to conduct a
(Name)

_____ Business.
(Type of Business)

Business Name _____

Business Street Address _____ City _____

State _____ Zip _____

Mailing Street Address (if different from Business Address) _____

City _____ State _____ Zip _____

Owner Name _____ Business Phone _____

Emergency Contact Name _____ Phone Number _____

Business Fax _____ Email _____

Website _____

Year Business Opened in Ironwood _____

Number of Employees - Full Time _____ Part Time _____ Seasonal _____

If business is located in Ironwood – total square footage of building/business space _____

The information listed above is true to the best of my knowledge.

Applicant's Signature Date

For Office Use Only

Date Received _____ \$30 Fee Paid _____ Business License Number _____

Building Inspector Approval _____

Community Development Director Approval _____