



City of Michigan City Application for Business Registration

Application #	_____
Received	_____
Approved	_____
Scanned	_____

PLEASE PRINT OR TYPE - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

INSPECTIONS ARE MANDATORY

Property Address _____ Suite # _____

Use of property _____

(be specific) _____

If chemicals are required for use on the property, please list chemicals _____

Is the business located within a residential dwelling? Yes No

Does any of the following apply? Change of Use Expansion Changes in Exterior or Exterior Remodel

Business Name (DBA) _____

Business Phone (____) _____ Email Address _____

Business Mailing Address _____ City _____ State _____ Zip _____

Contact Person _____ Daytime Phone (____) _____

Business Owner's Address _____ City _____ State _____ Zip _____

Property Owner's Address _____ City _____ State _____ Zip _____

Square footage of Building _____ Number of Employees _____ Business Hours _____

Which is applicable:

- I am the business owner
- I am the property owner
- I am the leasing agent
- Other _____

I HEREBY CERTIFY THAT I AM THE OWNER OR AN AUTHORIZED AGENT OF THE OWNER WITH PERMISSION TO EXECUTE THIS DOCUMENT, I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT.

Your name (printed) _____ Signature _____ Date _____

Email _____ Phone _____ Fax _____

***** FOR OFFICE USE ONLY *****

Zoning _____ Use per Zoning Ord _____ Type of Construction _____ Story _____

Zoning Administrator _____ Date _____

Building Commissioner _____ Date _____

Fire Marshall _____ Date _____

Sanitary Engineer _____ Date _____

Certificate of Appropriateness Yes No N/A Historic District _____

Comments _____

Please submit to:

Inspection Department
City Hall 100 E. Michigan Blvd Michigan City, IN 46360
O: (219) 873-1419 F: (219) 873-1580