



**City of Davison**  
**200 E. Flint Street\*Suite 2\*Davison MI 48423**  
**Phone: (810) 653-2191\*Fax (810) 653-9621**

Legal Business Name: \_\_\_\_\_

Doing Business As Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Local Business Phone: \_\_\_\_\_ Email \_\_\_\_\_

Billing/Mailing Address: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Business Owner Address/Phone: \_\_\_\_\_

Property/Building Owner: \_\_\_\_\_

Property/Building Owner Address/Phone: \_\_\_\_\_

Property/Business Manager & Phone: \_\_\_\_\_

Emergency Contact Person & Phone: \_\_\_\_\_

Emergency Contact Person & Phone: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Daily Hours of Operation: \_\_\_\_\_

**AFFIDAVIT**

I Hereby agree to comply with all requirements of the City of Davison Code of Ordinances, and I confirm that all information that I have provided in the application is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CITY USE ONLY**

\$25.00 \_\_\_\_\_

Date Paid: \_\_\_\_\_

License # \_\_\_\_\_

Parcel # \_\_\_\_\_

Occupancy Audit/REU \_\_\_\_\_