

City of Detroit
PARKING LOT INFORMATION SHEET For

Type of Business: Proprietorship Partnership Corporation

Applicant Information

Name: _____

Corporation Name: _____ Fed. ID# _____

Assumed Name: _____

Parking Lot Premise: Owned by Applicant Leased by Applicant **Valet Company:** Yes No

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: (____) _____

Property Owner Information

Name: _____ Telephone#: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

List: ALL Owners/Partners (Attach Additional List if Necessary)

Name: _____ **Title :** _____

Home Address: _____

City : _____ State: _____ Zip: _____

Driver's License or State Identification number: _____ Social Security # _____

Name: _____ **Title :** _____

Home Address: _____

City : _____ State: _____ Zip: _____

Driver's License or State Identification number: _____ Social Security # _____

Manager or person responsible for daily business questions:

Name: _____ **Title :** _____

Home Address: _____

City : _____ State: _____ Zip: _____

Driver's License or State Identification number: _____ Social Security # _____

FINANCE TAX CLEARANCE ON REVERSE SIDE

***IMPORTANT:** To avoid any delay, please TYPE or PRINT and complete all applicable information