

City of Ironwood  
213 S. Marquette St.  
Ironwood, MI 49938



Phone: (906) 932-5050  
Fax: (906) 932-5745  
www.ironwoodmi.gov

## 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

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### For Office Use Only

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

Building Inspector  
Approval \_\_\_\_\_

Community Development Director Approval \_\_\_\_\_



This Institution is an Equal Opportunity Provider, Employer and Housing Employer/Lender





**The City of  
IRONWOOD  
Department of Public Safety**

123 West McLeod Avenue Ironwood, Michigan 49938  
PHONE: 906-932-1234



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

**EMERGENCY NOTIFICATON INDEX**

**FOR OFFICIAL POLICE USE ONLY**

**CONFIDENTIAL DOCUMENT**

Please type or print the following information:

Name of Business: \_\_\_\_\_

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

Emergency Lock Box Code for IPSD Critical Emergency Use Only: \_\_\_\_\_

**First Person to Contact in Case of an Emergency**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Second Person to Contact in Case of an Emergency**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Third Person to Contact in Case of an Emergency**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Phone Number: \_\_\_\_\_