

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



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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 _____



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

