



City of Detroit
Environmental Health and Safety
Bedding and Furniture Permit Application
 (Ordinance #24-92)

Lisa Clark Jones
 Environmental Safety
 Coordinator
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MANUFACTURER /IMPORTER /DISTRIBUTOR

PLEASE PRINT

Application for Registration as required by Bedding and Furniture Ordinance #24-92

NAME OF COMPANY: _____

MAILING ADDRESS: (for permit) _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

COMPANY CONTACT PERSON: _____

SIGNATURE: _____

E-MAIL: _____

UNIFORM REGISTRY NUMBER: _____

NOTE: YOU MUST ATTACH TWO CURRENT LAW LABELS FOR APPROVAL. IF USING A REGISTRY NUMBER ISSUED BY ANOTHER STATE, PLEASE SUBMIT A COPY OF THE CERTIFICATE ISSUED BY THAT STATE.

Make application for registration as: (one per application)

	FEES:	
MANUFACTURER	<i>Initial:</i>	\$150.00 (Expires Dec 31)
IMPORTER	<i>Renewal:</i>	\$150.00 (Due by Jan 1)
DISTRIBUTOR	<i>Late:</i>	\$ 25.00 (After Jan 1)

ANNUAL REPORTS MUST BE SUBMITTED ON ITEMS SOLD IN THIS AREA

Product List _____

(Importers Only) Name of Manufacturer and County _____

NOTE: PLEASE MAKE CHECKS PAYABLE TO: "City of Detroit"
 and mail to:

Detroit Health Department
 Environmental Health and Safety
 3245 E. Jefferson Ave. / Ste. 100
 Detroit, MI 48207-4222

ANNUAL REPORT

Detroit Health Department
Environmental Safety
3245 E. Jefferson Ave. / Ste. 200
Detroit, MI 48207-4222



Michael Duggan, Mayor

Lisa Clark Jones
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BEDDING & FURNITURE SECTION

Please make your **ANNUAL** report under the permit provision of the Detroit Bedding and Upholstery Ordinance 24-92. This period will include **JANUARY 1, 2015** thru **DECEMBER 31, 2015**. Please complete this form and return to this office with your check by **JANUARY 31, 2016**.

NOTE: PLEASE MAKE CHECKS PAYABLE TO:

“City of Detroit”

Number of articles sold in Detroit outlets during this period:

Pillows/Toys: _____ @ .04 _____	
Mattresses: _____ @ .08 _____	
Other: _____ @ .10 _____	AMOUNT DUE
Sofa Beds/Mattress Inserts: _____ @ .16 _____	\$ _____

State of _____

**NOTE: REPORT MUST BE RETURNED, EVEN IF AMOUNT
TO REPORT IS ZERO**

County of _____

SIGNED BY: _____

(Person completing form)

(Manufacturer)