



REQUEST FOR A PERSONAL PROPERTY NUMBER

Date: _____

Property Address: _____

Corporate Name: _____

Business Name (DBA): _____

Your business is classified as: INDIVIDUAL PARTNERSHIP LLC CORP

Michigan ID # _____

Michigan Sales Tax # _____

Nature of the Business: _____

Owner's/Contact Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Is The Business Open: Yes No

When do you expect the business to open: _____

Existing business at this address: Yes No

Name of the business existing at this address: _____

If you rent space, how much do you pay in rent per month: _____

When does your lease expire: _____

How many square feet do you occupy: _____

Who will be handling your Personal Property filings: _____

The address where the Personal Property Records will be kept: _____

If you have a gas station or party store, please complete the following questions:

How many gas pumps do you have: _____ How many coolers do you have: _____

FOR OFFICE USE ONLY:

NOTES: _____

_____ District # _____

Real Property# _____

Personal Property # _____

❖ You May **Submit** This Form to: PersonalProperty@detroitmi.gov