

**CITY OF DETROIT**  
**ACCOUNTS RECEIVABLE CLEARANCE FORM**  
**PLEASE FORWARD IN DUPLICATE TO ROOM 1012 (CCB)**  
**COLEMAN A YOUNG MUNICIPAL CENTER**  
**REVENUE COLLECTIONS- (313) 224-4087**

**SECTION A:** From:  CITY ENGINEERING  HEALTH  LAW  POLICE  
 RECREATION  WATER & SEWERAGE  
 OTHER: **CONSUMER AFFAIRS BUSINESS LICENSE CENTER**  
 ADDRESS OF DEPARTMENT: 105 COLEMAN A. YOUNG MUNICIPAL CENTER  
 CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: 224-3179  
 DATE SENT: \_\_\_\_\_

**SECTION B: CORPORATION**  
 CORPORATION NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 OWN  LEASE CURRENT TAX IDENTIFICATION NUMBER: \_\_\_\_\_  
 OTHER CITY/STATE TAX IDENTIFICATION NUMBER (S) PREVIOUSLY USED: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**SECTION C: PARTNERSHIP**  
 BUSINESS NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 OWN  LEASE CURRENT TAX IDENTIFICATION NUMBER: \_\_\_\_\_  
 OTHER CITY/STATE TAX IDENTIFICATION NUMBER (S) PREVIOUSLY USED: \_\_\_\_\_  
 A. PARTNER'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
 OWN  LEASE SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 OTHER CITY PROPERTY OWNED ADDRESSES: \_\_\_\_\_  
 B. PARTNER'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
 OWN  LEASE SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 OTHER PROPERTY ADDRESSES OWNED WITHIN DETROIT: \_\_\_\_\_  
 CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**SECTION D: SOLE PROPRIETORSHIP**  
 OWNER'S NAME: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_  OWN  LEASE  
 CITY/STATE/ZIP \_\_\_\_\_  
 BUSINESS NAME: \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_  OWN  LEASE  
 SOCIAL SECURITY NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_  
 CURRENT TAX IDENTIFICATION NUMBER: \_\_\_\_\_  
 OTHER CITY/STATE TAX IDENTIFICATION NUMBER (S) PREVIOUSLY USED: \_\_\_\_\_  
 OTHER PROPERTY ADDRESSES OWNED WITHIN DETROIT: \_\_\_\_\_

**SECTION E: PERSONAL SERVICES**  
 NAME: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_  OWN  LEASE  
 CITY/STATE/ZIP: \_\_\_\_\_  
 SOCIAL SECURITY NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 OTHER PROPERTY ADDRESSES OWNED WITHIN DETROIT: \_\_\_\_\_

**For TREASURY COLLECTION USE ONLY!**

**For INCOME TAX DIVISION USE ONLY!**

<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED WITH ATTACHMENTS CLEARANCE VALID UNTIL _____ _____ SIGNATURE DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED _____ SIGNATURE DATE
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