

CITY OF DETROIT

ACCOUNTS RECEIVABLE CLEARANCE APPLICATION
 2 WOODWARD AVENUE, SUITE 106, COLEMAN A. YOUNG MUNICIPAL CENTER
 REVENUE & TAX EXAMINATION OFFICE (313) 224-2389 / FAX: (313) 224-1901 / RevenueCollections@DetroitMI.gov

☐ **SECTION A:** ☐ BUSINESS LICENSE ☐ BUDGET ☐ CITY COUNCIL ☐ DDOT ☐ DPW ☐ OCFO ☐ FIRE ☐ HEALTH
☐ CIVIL RIGHTS ☐ LAW ☐ MAYOR ☐ OMBUDSMAN ☐ HOUSING REVITALIZATION ☐ POLICE ☐ PROCUREMENT
☐ RECREATION ☐ WATER & SEWAGE ☐ OTHER _____

ADDRESS OF DEPARTMENT _____
 DATE SENT _____ CONTACT PERSON _____
 PHONE NUMBER _____ FAX NUMBER _____
 EMAIL _____ CONTRACT AMOUNT \$ _____

☐ **SECTION B: CORPORATION** LICENSE TYPE _____
 CORPORATION NAME _____
 ADDRESS _____ CITY/STATE/ZIP _____ ☐ OWN ☐ LEASE
 CITY PERSONAL PROPERTY NUMBER _____ FID / EIN NUMBER _____
 OTHER CITY-OWNED PROPERTY PARCELS _____
 CONTACT PERSON _____ PHONE NUMBER _____
 EMAIL ADDRESS _____

☐ **SECTION C: PARTNERSHIP** LICENSE TYPE _____
 BUSINESS NAME _____
 BUSINESS ADDRESS _____ CITY/STATE/ZIP _____ ☐ OWN ☐ LEASE
 CITY PERSONAL PROPERTY NUMBER _____ FID / EIN NUMBER _____
A: PARTNER'S NAME _____ PHONE NUMBER _____
 HOME ADDRESS _____ CITY/STATE/ZIP _____ ☐ OWN ☐ LEASE
 DRIVER'S LICENSE # _____
 OTHER CITY-OWNED PROPERTY PARCELS _____
B. PARTNER'S NAME _____ PHONE NUMBER _____
 HOME ADDRESS _____ CITY/STATE/ZIP _____ ☐ OWN ☐ LEASE
 DRIVER'S LICENSE # _____
 OTHER CITY-OWNED PROPERTY PARCELS _____
 CONTACT PERSON _____ PHONE NUMBER _____
 EMAIL ADDRESS _____

☐ **SECTION D: SOLE PROPRIETORSHIP** LICENSE TYPE _____
 BUSINESS NAME _____
 BUSINESS ADDRESS _____ CITY/STATE/ZIP _____ ☐ OWN ☐ LEASE
 CITY PERSONAL PROPERTY NUMBER _____ FID / EIN NUMBER _____
 OWNER'S NAME _____ DRIVER'S LICENSE # _____ PHONE NUMBER _____
 HOME ADDRESS _____ CITY/STATE/ZIP _____ ☐ OWN ☐ LEASE
 OTHER CITY-OWNED PROPERTY PARCELS _____
 EMAIL ADDRESS _____

☐ **SECTION E: PERSONAL SERVICES**NAME _____ ADDRESS _____ ☐ OWN ☐ LEASE

CITY/STATE/ZIP _____

PHONE NUMBER _____ DRIVER LICENSE # _____

OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT _____

SOCIAL SECURITY NUMBER *(Do not provide your social security number on this form if submitting through BidSync. You will need to email it directly to Revenue Collections if requesting clearance for a Personal Service Contract)* _____

EMAIL ADDRESS _____**FOR TREASURY COLLECTION USE ONLY:**☐ APPROVED ☐ DENIED ☐ DENIED WITH ATTACHMENTS

SIGNATURE _____ DATE _____ CLEARANCE VALID UNTIL _____