

CITY OF SOUTH HAVEN BUSINESS REGISTRATION

Business Name (dba) _____

Business Address _____

Business Owner's Name _____

Business Phone # _____ Fax # _____

Other Phone # _____

Email Address _____

Web Site Address _____

Property Owner's Name and Address (If different from Business Owner) _____

Type of Business _____

Type of Products or Services _____

The above information will be used for city information purposes only, such as emergency contact and notification of pertinent city news.