



# *Fred Miller*

Macomb County  
Clerk/Register of Deeds

Sheila Miller  
Deputy Clerk

Brian Brdak  
Deputy Register of Deeds

## **BUSINESS REGISTRATION INSTRUCTIONS**

Listed below are the instructions for completing a Business Registration form for Macomb County. Please note that this form requires a notarized signature and that our employees can notarize the application as long as it is signed in their presence. You must provide a valid driver's license or Michigan State Identification. The filing fee is \$10.00 for five years.

- 1) You must be 18 years old to register a business.
- 2) Make sure the business name you are requesting has **not been used in Macomb County or at the State level.**
  - Check Macomb County business names at:  
[macombgov.org/Clerk-Services-BusinessRegistrations](http://macombgov.org/Clerk-Services-BusinessRegistrations)
  - Check Michigan Department of Licensing and Regulatory Affairs business names at <https://cofs.lara.state.mi.us/corpweb/CorpSearch/CorpSearch.aspx>
- 3) If you are not a Michigan resident, an Irrevocable Consent Form must be completed.
- 4) Please type or print legibly.
- 5) Give the name of your business exactly as you plan to advertise it.
- 6) Each owner's full name and residence address must be listed.
- 7) For Co-Partnerships with more than four owners, attach a separate sheet of paper with the names and addresses of the partners and their signatures.
- 8) If the name you are registering is a franchise, the Franchise Agreement must be shown.
- 9) If your business is a Corporation, Limited Liability Company or Limited Liability Partnership, the assumed name is filed with the state – not locally. Contact the Michigan Department of Licensing and Regulatory Affairs at (517) 373-1820 or <http://www.michigan.gov/lara>.

**Please make checks payable to “Macomb County Clerk”**

**FOR YOUR OWN PROTECTION, DO NOT HAVE BUSINESS CARDS, STATIONERY, ETC.  
PRINTED UNTIL YOU HAVE RECEIVED CERTIFIED COPIES OF YOUR PAPERS.**

### **Clerk's Office – Vital Records**

120 North Main Street, 1<sup>st</sup> Floor  
Mount Clemens, MI 48043  
586-469-5120; Fax: (586) 469-5123  
[macombgov.org/ClerkROD](http://macombgov.org/ClerkROD)  
[vitalstaff@macombgov.org](mailto:vitalstaff@macombgov.org)

### **Register of Deeds**

120 North Main Street, 1<sup>st</sup> Floor  
Mount Clemens, MI 48043  
586-469-7953; Fax: 586-469-5130  
[macombgov.org/ClerkROD](http://macombgov.org/ClerkROD)  
[registerofdeeds@macombgov.org](mailto:registerofdeeds@macombgov.org)

**CERTIFICATE OF CO-PARTNERSHIP**

County of Macomb, Office of County Clerk  
\$10.00 Filing Fee – Expires 5 years from date of filing

D.B.A. File No. \_\_\_\_\_

Certificate Filed \_\_\_\_\_

Certificate Exp. \_\_\_\_\_

THE UNDERSIGNED hereby certifies, under the provisions of P.A. No. 101, P.A. of Mich. for the year 1907, as amended, that the following persons, as co-partners, now own, carry on, conduct or transact or intends to own, carry on, conduct, or transact, a business or maintain an office or place of business in the County of Macomb, State of Michigan, under the name, designation or style set forth below:

Name of Business \_\_\_\_\_

Street Address of Business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Names of persons owning, transacting or composing the above business and home address of each:

Name                                      Residence Address (No P.O. Boxes)                                      City / State / Zip

(Print) \_\_\_\_\_

(Print) \_\_\_\_\_

(Print) \_\_\_\_\_

(Print) \_\_\_\_\_

SIGNATURES OF ALL PERSONS LISTED ABOVE:

\_\_\_\_\_

PARTNERSHIP CERTIFICATE. The undersigned hereby certifies under the provisions of Michigan P.A. No. 164 of 1913, as amended, that the business named herein is a partnership.

**\*MUST BE SIGNED BEFORE A NOTARY PUBLIC\***

STATE OF MICHIGAN  
COUNTY OF MACOMB

I, \_\_\_\_\_, one of the co-partners of the firm \_\_\_\_\_ do certify that all co-partners of the firm individually signed their respective names affirmed before me and that the place of residence of each co-partner is correct.

Signature: \_\_\_\_\_  
(One of the Co-Partners of above named firm)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Notary Public  
State of Michigan, County of Macomb  
My Commission expires: \_\_\_\_\_

NOTE: This Certificate must be renewed within five (5) years from date. If you change your place of business you must notify this office. If you change the personnel listed above you must file Notice of Dissolution or file an amended Partnership Certificate with this office. "Person" means one or more individual, partnerships, trusts, fiduciaries or other entities capable of contracting except corporations and limited partnerships.