

## City of Flint Office of Business Services | 810-766-7015 ext: 3015

## **City of Flint Ribbon-Cutting Permit**

NOTE: Applications must be submitted at least 60 days prior to the event date

Date:		
Name of Applic	ant:	
Name of Busine	ess:	
Business Licens	e #:	
Business Type:	☐ Retail ☐ Service Business ☐ Food Service	
	$\square$ Manufacturing $\square$ Technology $\square$ Healthcare	
	☐ Real Estate ☐ Construction ☐ Entertainment	
	☐ Education & Training ☐ Finance ☐ Non-Profit	
	☐ Hospitality & Tourism ☐ Other:	
Address:		
Telephone:	Email:	
1 2	Preferred Dates/Times (provide 3 options with at least 30 days	o' notice): - - -
	nvite of the Mayor to take part in your Ribbon-Cutting, email th I any questions to <u>events@cityofflint.com</u>	e completed
OR OFFICE USE O	NLY:	
Date receive	d Approved?   Yes   No	