ENVIRONMENTAL HEALTH

Bedding and Furniture Permit Application

Lisa Clark Jones
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MANUFACTURER / IMPORTER /DISTRIBUTOR /RENOVATER/ STERILIZE / DISINFECT

PLEASE **use fillable form or PRINT**

Application for Registration as required by Bedding and Furniture Ordinance #20-2-51

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

COMPANY CONTACT PERSON: _____

SIGNATURE: _____

E-MAIL: _____

UNIFORM REGISTRY NUMBER: _____

NOTE: Please provide (2) law labels for approval if using a uniform registry number from another state, and submit a copy of the certificate issued by that state.

Make application for registration as: (one per application)

- (●) **MANUFACTURER**
- ( ) **IMPORT / DISTRIBUTOR**
- ( ) **STERILIZE / DISINFECT**
- (●) **RENOVATER**

FEES:

Initial:	**$165.00 (Expires Dec 31)**
Renewal:	**$165.00**
Late Fee:	**$ 50.00 (Late after Dec 31)**
Name Change:	**$ 25.00**

(PLEASE ATTACH METHOD FOR STERILIZATION)

ANNUAL REPORTS MUST BE SUBMITTED ON ITEMS SOLD IN THIS AREA

Product List _____

_____

Name of Manufacturer and County _____

PLEASE PAY ONLINE AT: https://cod.divdatkiosknetwork.com/EnvironmentalHealth

Detroit Health Department
Environmental Health
100 Mack Ave. / Third Floor
Detroit, MI 48201-0001

2027 ANNUAL REPORT

Detroit Health Department
Environmental Health
100 Mack Ave. / Third Floor
Detroit, MI 48201-001

Mary Sheffield, Mayor

COMPANY NAME
CONTACT NAME:
ADDRESS:

EMAIL:

BEDDING & FURNITURE SECTION

Please make your **ANNUAL** report under the permit provision of the Detroit Bedding and Upholstery **Ordinance #20-2-52.** This period will include **JANUARY 1, 2026** - **DECEMBER 31, 2026**. Please complete this form and return to this office with your check by **JANUARY 31, 2027.**

PLEASE PAY ONLINE AT: **https://cod.divdatkiosknetwork.com/EnvironmentalHealth**

Number of articles sold in Detroit outlets during this period:

Pillows:	@ **.04**	$ 0.00	
Mattresses:	@ **.08**	$ 0.00	
Other:	@ **.10**	$ 0.00	**AMOUNT DUE:**
Sofa Beds/Mattress Inserts:	@ **.16**	$ 0.00	$ 0.00

NOTE: REPORT MUST BE RETURNED, EVEN IF AMOUNT TO REPORT IS ZERO

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SIGNED BY: _____ **DATE:** _____