



City of Detroit
Environmental Health
Bedding and Furniture Permit Application

Lisa Clark Jones
Environmental Safety
Coordinator
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MANUFACTURER /IMPORTER /DISTRIBUTOR

PLEASE PRINT

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

NAME OF COMPANY: _____

MAILING ADDRESS: (for permit) _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

COMPANY CONTACT PERSON: _____

SIGNATURE: _____

E-MAIL: _____

UNIFORM REGISTRY NUMBER: _____

NOTE: YOU MUST ATTACH TWO CURRENT LAW LABELS FOR APPROVAL. IF USING A REGISTRY NUMBER ISSUED BY ANOTHER STATE, PLEASE SUBMIT A COPY OF THE CERTIFICATE ISSUED BY THAT STATE.

Make application for registration as: (one per application)

	FEES:
MANUFACTURER	<i>Initial:</i> \$150.00 (Expires Dec 31)
IMPORTER	<i>Renewal:</i> \$150.00 (Due by Jan 1)
DISTRIBUTOR	<i>Late Fee:</i> \$ 50.00 (After Jan 1)

ANNUAL REPORTS MUST BE SUBMITTED ON ITEMS SOLD IN THIS AREA

Product List _____

(Importers Only) Name of Manufacturer and County _____

To pay the fee: <https://cod.divdatkiosknetwork.com/EnvironmentalHealth>

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

ANNUAL REPORT

Detroit Health Department
Environmental Health
100 Mack Avenue - Third Floor
Detroit, MI 48201-0001
Michael Duggan, 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 report is for **JANUARY 1, 2021 - DECEMBER 31, 2021**. Please complete this form and return to this office with your payment by **JANUARY 31, 2022**.

PLEASE PAY ONLINE AT: <https://cod.divdatkiosknetwork.com/EnvironmentalHealth>
OR MAKE CHECKS PAYABLE TO: "City of Detroit"

Number of articles sold in Detroit outlets during this period:

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

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

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SIGNED BY: _____ **DATE:** _____