



CITY OF EASTPOINTE

MUNICIPAL OFFICES
23200 GRATIOT AVENUE
EASTPOINTE, MI 48021
(586) 445-3661
FAX (586) 445-5195

June 13, 2024



RE: FOIA Request Granted in Full

Dear Pat Nelson,

The City of Eastpointe has received your request for public records and processed it pursuant to the provisions of the Michigan Freedom of Information Act (FOIA), MCL 15.231 et seq.

Your request is granted, and the requested documents are attached.

Based on the renewal notice provided to the Clerk's Office, the new owner's name is Reginald Sharpe, D.O.

The City of Eastpointe FOIA procedures and guidelines can be accessed at www.eastpointemi.gov.

Sincerely,

Breana Parsons

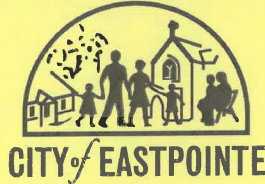
Breana Parsons
FOIA Coordinator

Attachment

Cc: File

BUSINESS LICENSE RENEWAL INVOICE

CITY OF EASTPOINTE
CLERK'S OFFICE
23200 GRATIOT AVE
EASTPOINTE, MI 48021
586-445-3661 x2202



Invoice Date: 05/06/2024
Amount Due: \$31.00
Due Date: 06/30/2024
2024-2025 License Number: BL-2025-0077

Mail To:

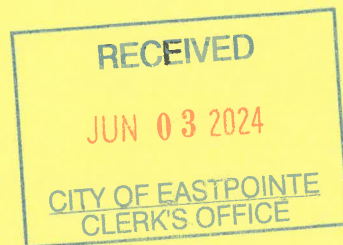
EASTLAND WOMEN'S CLINIC
15921 EIGHT MILE
EASTPOINTE, MI 48021

Business Licenses are due June 30, 2024. Please sign and return the renewal invoice, payment and information sheet before the due date. Late fees will be applied after June 30, 2024. If your business is no longer open or there is new ownership, please notify us as soon as possible.

Business Location:

EASTLAND WOMEN'S CLINIC
15921 EIGHT MILE

Fee Items	Amount
BUSINESS LICENSE FEE	\$31.00



Total Due: \$31.00

Received and Approved by City Treasurer, Randall Blum

I, the undersigned, acknowledge the requirements of all applicable ordinances and regulations of the City of Eastpointe and agree to comply. I further agree not to install and/or operate any mechanical/electronic amusement devices until application and payment is made and approval received. I hereby certify that all of the information provided is true, accurate, and complete.

Reginald Sharpe, D.O.
Print name of Applicant/Owner

[Signature]
Signature of Applicant/Owner

[Signature]
Title
President

5/28/24
Date
STC

Print Name of Amusement Distributor-if applicable # of Machines
Distributor's Phone Number:

Print Name of Vending Distributor - if applicable # of Machines
Vendor's Phone Number:



Has there been a change in ownership since the license was last issued?
If yes, contact the Clerk's Office for further instructions.

Yes
 No

This license may be renewed by mail. Make check payable to the City of Eastpointe. Your cancelled check is your receipt.