

TYPE OF APPLICATION:

Temporary \$ 20.00
Not to exceed three (3) months

**CHARTER TOWNSHIP OF FORT GRATIOT
TEMPORARY COMMERCIAL/RETAIL
BUSINESS LICENSE APPLICATION
Not to exceed three (3) month period**

For Office Use Only

Business ID: _____

Parcel ID: _____

NAICS Code: _____

PAYMENT DATE: _____

This application must be completed in full or it will be returned for the purpose of being completed. This application must be paid for, submitted to and approved by the Township PRIOR to the first day of business. All replies to questions in this application are considered facts. If this application contains a false statement or material fact, the license can be denied. If a license has been issued, it would be subject to revocation or suspension. Failure to obtain a Business License may result in fines.

BUSINESS INFORMATION - FORT GRATIOT TOWNSHIP LOCATION INFORMATION ONLY

Corporation Name: (If Applicable) _____ DBA: _____

Business Address: _____ Suite #: _____ DBA File #: _____

Local Phone: _____ Business Fax: _____ Square Footage: _____

State Tax I.D.: _____ Federal I.D. (FEIN): _____

Brief Description of Business: _____

Local Manager: _____ Date Business Established: _____

E-Mail Address: _____ Number of Employees: _____

Hours of Operation: Weekdays: _____ Weekends: _____

BILLING INFORMATION - IF DIFFERENT FROM ABOVE BUSINESS ADDRESS

Billing/Corporation Name: _____ c/o _____

Billing Address: _____ Suite #: _____ Phone: _____

City/State/Zip Code: _____ Fax: _____

Business Website: _____ E-Mail: _____

FORWARD APPROVED BUSINESS LICENSE TO: BUSINESS ADDRESS BILLING ADDRESS

If forwarded to Billing Address you are responsible for forwarding to Business for posting. LICENSE MUST BE POSTED.

OWNERS/PARTNERS/CORPORATE OFFICERS: ATTACH SEPARATE SHEET IF NEEDED (DO NOT INCLUDE SOCIAL SECURITY OR DRIVERS LICENSE NUMBERS**)**

Name: _____ c/o: _____

Address: _____ Suite #: _____ Phone: _____

City / State / Zip Code: _____ Fax: _____

Type of Business Organization: Sole Owner Partnership Corporation Other _____

Return this Application with payment to avoid penalty(s):

Date: _____ Title: _____ Signature: _____

By signing, permission to enter property is granted to any Township Representative for the purposes of gathering/verifying information related to this Application. I declare, under penalty of perjury, that the information contained in this application is true and correct.

FOR OFFICE USE ONLY

Department signatures, below, qualifies the applicant for the above proposed Business License:

Fire Department: _____ Building Inspector: _____

Electrical Inspector: _____ Plumbing Inspector: _____

Zoning Administrator: _____ Mechanical Inspector: _____

Department of Public Works: _____

Township Clerk: _____ Date License Issued: _____

ROBERT C. CRAWFORD