

TYPE OF APPLICATION:

<input type="checkbox"/>	New	\$ 75.00
<input type="checkbox"/>	Renewal	\$ 25.00
PAYMENT DATE:		

**CHARTER TOWNSHIP OF FORT GRATIOT
NEW COMMERCIAL/RETAIL BUSINESS LICENSE APPLICATION
FOR PERIOD BEGINNING MAY 1ST - ENDING APRIL 30TH**

<i>For Office Use Only</i>	
Business ID:	_____
Parcel ID:	_____
NAICS Code:	_____

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: _____

Fire Plan: YES NO Security Company: _____ Phone: _____

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: _____