## APPLICATION FOR PERMISSION TO DO BUSINESS IN MUSKEGON CHARTER TOWNSHIP

	BUSINESS PHONE:
MI TAX I.D. NUMBER:	SQUARE FOOTAGE:
BUSINESS HOURS OF OPERATON:	
PLEASE DESCRIBE YOUR BUSINESS OPERATION	IN DETAIL:
NAME OF INSURANCE COMPANY:	PHONE:
BUSINESS OWNER'S NAME:	PHONE:
ADDRESS:	ZIP CODE:
DRIVER'S LICENSE NUMBER:	D.O.B.:
BUILDING OWNER'S NAME:	PHONE:
ADDRESS:	ZIP CODE:
EMERGENCY CONTACTS: (BREAK IN, FIRE, E	LECTRICAL PROBLEMS)
CONTACT #1:	
PHONE:	CELL PHONE:
CONTACT #2:	
PHONE:	CELL PHONE:
FULLY UNDERSTAND THE ORDINANCES AND BUSI TOWNSHIP. I FURTHER UNDERSTAND THAT IF AN BY THE TOWNSHIP, INCLUDING BUT NOT LIMITED IN NATURE OF THE BUSINESS, CHANGE OF OWNER I MUST NOTIFY MUSKEGON CHARTER TOWNSHIP	Y CHANGES OCCUR FROM THOSE LISTED OR REQUIRED TO STORAGE OF COMBUSTIBLE MATERIALS, CHANGES ASHIP, EMERGENCY CONTACT INFORMATION, AND ETC IN WRITING WITHIN (10) WORKING DAYS OF SAID OCATION OF MY BUSINESS LICENSE. THE APPLICANT IS
BUSINESS OWNERS SIGNATURE	DATE

PRINTED NAME

SIGNATURES OF OFFICIALS:	
APPROVED BY BUILDING OFFICIAL:	DATE:
APPROVED BY FIRE INSPECTOR:	DATE:
APPROVED BY ZONING ADMIN:	DATE:
APPROVED BY CHIEF OF POLICE:	DATE:
APPROVED BY ASSESSOR:	DATE:
APPROVED BY TREASURER:	DATE:
APPROVED BY TOWNSHIP CLERK:	DATE:
NOTE:	
NEW BUSINESSES (EXCLUDING HOME OCCUPA'S SHOWING THE INTERIOR BUSINESS LAYOUT TO X 17").	
•	•
BUSINESS LICENSE NUMBER:	DATE PAID:
ENTERED INTO COMPUTER:	
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NOTES:	

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