

General Business License Registration Application



Business Address:	
Business Information	Additional Information
Name:	Type of Business:
Mailing Address:	Does the business have an encroachment? <input type="checkbox"/> Yes <input type="checkbox"/> No (Awning, sprinkler system, window well, etc.)
City:	
State: Zip:	Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> DBA <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Non Profit <input type="checkbox"/>	Sign: <input type="checkbox"/> Yes <input type="checkbox"/> No # of stories:
If Corporation, resident agent	# of Employees: # of Handicap Parking Spaces:
Partners:	Ordinance 434 Regulations: (1) No license shall be assigned, sold or transferred, nor shall any license authorize any person other than the applicant to conduct business under such license. (2) The applicant or licensee shall have a duty to notify the City Clerk of any changes in the information contained in an application which is pending or which is the basis for issuance of a license. (3) All licenses shall be prominently displayed on the business premises at all times. (4) No person shall add to, alter, deface, forge, or counterfeit any license which has been issued by the City. (5) All licensees shall comply with all applicable City and State Laws.
Federal Tax ID #:	
Owner Information	
Name:	
Address:	
City:	
State: Zip:	
Home Phone:	I hereby swear or affirm that I am the Owner/Agent/Operator of the above property and that the information contained on this application is true. I understand that the business license renewal is two years after the issuance of the license.
Business Phone:	
Cellular Phone/Pager:	X Date:
Email Address:	
Total Square Footage:	Fees: Fees are \$50.00 per license. <u>Fees for both Building and Fire Inspection are \$150.00.</u> Fees not paid within 15 days after commencement of business will be subject to a 50% fine of the business license. This license does not apply to home based businesses.
License #:	
Issued Date:	

INSTRUCTIONS

1. Complete a separate form for each business to be registered.
2. Please make checks payable to: **City of Montrose**
3. Mail completed application and payment to: **City of Montrose**
139 S. Saginaw St.
Montrose, MI 48457