

**TYPE OF APPLICATION:**

<input type="checkbox"/>	New	\$10.00
<input type="checkbox"/>	Renewal	\$10.00
<b>PAYMENT DATE:</b>		

**FORT GRATIOT CHARTER TOWNSHIP  
IN-HOME OCCUPATION BUSINESS LICENSE APPLICATION  
FOR PERIOD BEGINNING MAY 1<sup>ST</sup> - ENDING APRIL 30<sup>TH</sup>**

<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:

ZONING ADMINISTRATOR

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Township Clerk:

ROBERT D. BUECHLER

Date License Issued: \_\_\_\_\_