CITY OF KENTWOOD
PO BOX 8848
KENTWOOD, MI 49518-8848

NEW LICENSE

BUSINESS LICENSE APPLICATION

Business Name _____ Company Contact _____
(Owner / Manager)

Local Address _____
(Street) (City) (Zip)

Phone _____ Fax _____ E-Mail _____

Corporation Name (If Applicable) _____

Corporation Address _____
(Street) (City) (Zip)

Corporate Contact Person _____ Phone _____ Fax _____

Billing Address _____
(Street) (City) (Zip)

BUSINESS INFORMATION

Date Business Established _____ # of Employees _____ ☐ Union

Hours of Operation: Weekdays: _____ Weekends: _____

Business Website _____

Sales Volume (Check the appropriate Category)

☐ <$100,000 ☐ $100,000 to $250,000 ☐ $250,000 to $1,000,000 ☐ >$1,000,000

Business Type: (Please check the appropriate category)

☐ Distribution
☐ Food Services
☐ Health Services
☐ Home-Based
☐ Hotel
☐ Industrial SIC Code _____
☐ Non-Profit
☐ Precious Metals/Gems
☐ Restaurant
☐ Retail
☐ Second Hand Dealer
☐ Service
☐ Snowplower
☐ Tatoo/Massage
☐ Transient
☐ Transportation
☐ Waste Hauler
☐ Other

Briefly describe the nature of your business: product, service provided, etc:

☐ Fire Plan

Security Company: _____

Return this notice with payment to avoid late fees.

Date _____ Title _____ Signature _____

I declare, under penalty of perjury, that the information contained in this application is true and correct.

FOR OFFICE USE ONLY

A signature below qualifies the applicant for the above proposed Business License

Fire Department _____ Inspections Department _____

Planning Department _____ City Clerk Department _____

Personal Property No. _____ Business License No. _____