



CITY OF GRAND RAPIDS BUSINESS LICENSE APPLICATION

TYPE OF BUSINESS LICENSE _____

1. BUSINESS DATA

Business Name (DBA or other names used): _____

Business Location: _____
(Street Number and Name, City, State, Zip Code)

Mailing Address: _____
(P.O. Box or Street Number and Name, City, State, Zip Code)

Business Telephone: _____ Business FAX: _____

Business E-mail address: _____ Website Address: _____

Is building owned by applicant? (circle one) YES NO If not, Owner's name: _____

Address: _____ Phone Number: _____

Contact person for Inspection: _____ Phone Number: _____

Please check appropriate box(es): ☐ Existing Building ☐ New Construction ☐ Remodel ☐ Change of Use

Present Use of Building (if vacant, what was last use?): _____ Proposed Start Date: _____

Sales Tax License Number: _____ Federal ID #: _____

Sales Activity (circle one): NONE WHOLESALE RETAIL Do you dispense or sell: liquor _____ food _____
yes/no yes/no

Manager or person principally in charge of operation of business

Name & Title: _____

Other Names Used or Aliases: _____

Home Address: _____
(Street Number and Name, City, State, and Zip Code)

Fax: _____ Home/Cell Phone: _____ Driver's License #: _____

E-mail: _____ Last 4 digits of S.S. #: _____ Date of Birth: _____

Individual in charge of Accounting Records (CEO, CFO, CCO)

Name & Title: _____

Other Names Used or Aliases: _____

Home Address: _____
(Street Number and Name, City, State, and Zip Code)

Fax: _____ Home/Cell Phone: _____ Driver's License #: _____

E-mail: _____ Last 4 digits of S.S. #: _____ Date of Birth: _____

2. OWNERSHIP TYPE

<u>Circle One:</u>	Individual/Sole Proprietor	Sole Member LLC	Partnership
	Corporation	LLC	Other _____

A. Complete this section if you circled Individual/Sole Proprietor or Sole Member LLC.

Owner's Name: _____

Other Names Used or Aliases: _____

Home Address: _____
(Street Number and Name, City, State, and Zip Code)

Fax: _____ Home/Cell Phone: _____ Driver's License #: _____

E-mail: _____ Last 4 digits of S.S. #: _____ Date of Birth: _____

B. Complete this section if you circled Partnership, Corporation, LLC or Other.

Official Corporate Name: _____

Corporate Address: _____
(Street Number and Name, City, State, and Zip Code)

Telephone: _____ Fax: _____ E-mail: _____

Michigan Corporate/LLC ID #: _____ Date of Incorporation: _____

LLC Qualification Date: _____

List all Owners, Partners or Corporate Officers

1. Name & Title: _____

Other Names Used or Aliases: _____

Home Address: _____
(Street Number and Name, City, State, and Zip Code)

Fax: _____ Home/Cell Phone: _____ Driver's License #: _____

E-mail: _____ Last 4 digits of S.S. #: _____ Date of Birth: _____

2. Name & Title: _____

Other Names Used or Aliases: _____

Home Address: _____
(Street Number and Name, City, State, and Zip Code)

Fax: _____ Home/Cell Phone: _____ Driver's License #: _____

E-mail: _____ Last 4 digits of S.S. #: _____ Date of Birth: _____

3. Name & Title: _____

Other Names Used or Aliases: _____

Home Address: _____
(Street Number and Name, City, State, and Zip Code)

Fax: _____ Home/Cell Phone: _____ Driver's License #: _____

E-mail: _____ Last 4 digits of S.S. #: _____ Date of Birth: _____

Attach list if there are additional persons.

3. I hereby affirm that I have truthfully completed this application and all additional information and attachments hereto to the best of my knowledge; that I have read Chapter 91 of the Grand Rapids City Code and all applicable City of Grand Rapids licensing ordinances; and that I agree to operate this business in accordance with all Federal, State and local laws, ordinances, rules and regulations.

Applicant's Printed Name **Applicant's Title**

Applicant's Signature **Date of Birth** **Date**

City Clerk's Office ☐ Approved ☐ Disapproved

City Clerk or designee **Date** **Rev 09-09**

City of Grand Rapids
Business License Application – Part II



This form must be submitted with all license applications. Applicants are required to read and initial all sections below.

Business Name: _____

I fully understand and have completed Part I of the application, and have read the appropriate ordinances for the license category I am applying for. I have completed the application myself or with the assistance of an interpreter, if applicable.

Initials_____

I understand that all fees are non-refundable and cover the cost of processing the application.

Initials_____

I understand the license year applicable to all licenses shall begin on July 1st of each year and shall end on June 30th of the following year.

Initials_____

I understand that licensing fees are not pro-rated for a partial licensing year.

Initials_____

I understand that failure to disclose complete and accurate information is falsification of application. This is sufficient cause for immediate denial or revocation of a license.

Initials_____

I understand that other departments needing to make a recommendation on my application may require an inspection.

Initials_____

I understand the business property must have the proper zoning classification before a license can be issued.

Initials_____

I understand that a business license is issued to a specific business at a specific location and cannot be transferred to a new owner or new location.

Initials_____

If a license is denied, I understand I must file an appeal in writing to the City Clerk's Office, 300 Monroe Avenue NW, Grand Rapids, MI 49503, within 10 days of notification of the denial.

Initials_____

I understand that if I do not renew my license in June, there will be late fees and/or penalties assessed up to and including a civil misdemeanor.

Initials_____

I understand that I will not be able to claim 100% Principal Residence Exemption if I am making my home or part of my home available for rental.

Initials _____

If an interpreter was used, please provide their name and number below.

Name of interpreter (printed) phone number