

**HOWELL TOWNSHIP, LIVINGSTON COUNTY, MICHIGAN**  
**Business Establishment License Application**

3525 BYRON ROAD, HOWELL, MI 48855  
PHONE 517 546-2817 FAX 517 546 1483

**PLEASE COMPLETE ALL INFORMATION - RETURN WITH PAYMENT**

**NEW APPLICATION \$30.00 YEARLY RENEWAL \$ 20.00 LATE FEE \$5.00 PR DAY(30 day max)**  
**TEMPORARY \$ 30.00**

**BUSINESS ESTABLISHMENT INFORMATION**

Name of Business Establishment \_\_\_\_\_

DBA(s) \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Business Establishment Location \_\_\_\_\_ Email address \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Business Start Date \_\_\_\_\_ Property Tax ID # 4706- \_\_\_\_\_ - \_\_\_\_\_

Business Start Date at this location (if different from above) \_\_\_\_\_

Brief Description of Operation and Building Uses (types of goods/services) \_\_\_\_\_

\_\_\_\_\_

Number of Employees Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Other \_\_\_\_\_

Type(s) of Federal, State County License(s) Possessed \_\_\_\_\_ License Nos. \_\_\_\_\_

Business Type Corporation \_\_\_ Partnership \_\_\_ LLC \_\_\_ Sole Proprietor \_\_\_ Other (Describe) \_\_\_

\_\_\_\_\_

Applicant's interest in real property at location Own \_\_\_ Lease \_\_\_ Zoned As \_\_\_\_\_

If leased, property owner name, address and phone \_\_\_\_\_

\_\_\_\_\_

Is this a temporary business? Yes \_\_\_ No \_\_\_ Expected Close Date \_\_\_\_\_

Was this business located elsewhere in the Township? Yes \_\_\_ No \_\_\_ If yes, where and when?

\_\_\_\_\_

Did this business operate under a different name in the previous year? Yes \_\_\_ No \_\_\_

If yes, what? \_\_\_\_\_

Attach an inventory of all taxable personal property used in the business.

Leased equipment used in the business is owned by: (If needed attach a separate list)

Name	Address	Phone
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\_\_\_\_\_

\_\_\_\_\_

**BUSINESS ESTABLISHMENT OWNER INFORMATION**

Name of Owner \_\_\_\_\_ Phone \_\_\_\_\_

Owner's Address \_\_\_\_\_

Name of Owner \_\_\_\_\_ Phone \_\_\_\_\_

Owner's Address \_\_\_\_\_

Name of person in charge of records \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY INFORMATION**

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**BUILDING INFORMATION**

Square feet of building \_\_\_\_\_ Attach footprint of building.

Is this building currently vacant? Yes \_\_\_\_ No \_\_\_\_ If so how long has it been vacant? \_\_\_\_\_

Alarm Company Name \_\_\_\_\_ Alarm Company Phone ( ) \_\_\_\_ - \_\_\_\_

Are there hazardous materials on the premises? Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, please attach a detailed list)

Is there a fire protection sprinkler system? Yes \_\_\_\_ No \_\_\_\_ Knox Box: Yes \_\_\_\_ No \_\_\_\_

As the owner or authorized representative of the above said business establishment, in making application a business establishment license for said business establishment, I swear or affirm that I have read the foregoing application and know the contents thereof, and that the same is true to the best of my knowledge. I further understand that this Howell Township Business Establishment License must be renewed as of January 1<sup>st</sup> annually.

Applicant Name (print) \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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FOR OFFICE USE

YEAR: \_\_\_\_\_ PAID: \_\_\_\_\_ LATE FEE \_\_\_\_\_ CHECK: \_\_\_\_\_ LICENSE#: \_\_\_\_\_

DATE LICENSE ISSUED: \_\_\_\_/\_\_\_\_/20\_\_ THROUGH: \_\_\_\_/\_\_\_\_/20\_\_ BY: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_