



**KOCHVILLE TOWNSHIP BUSINESS LICENSE APPLICATION**

**KOCHVILLE TOWNSHIP GOVERNMENTAL CENTER**

**5851 MACKINAW ROAD  
SAGINAW, MI 48604-9767  
PH: (989) 792-7596  
FAX: (989) 793-7498**

**2015**

**LICENSE FEE SCHEDULE**

**\$25.00 IF PAID BY APRIL 1<sup>ST</sup>**

**\$50.00 IF PAID BY MAY 1<sup>ST</sup>**

**\$100.00 IF PAID BY JUNE 1<sup>ST</sup> – WARNING: AFTER JUNE 1<sup>ST</sup> – DEFAULT**

**\*\*\*NEW BUSINESSES – \$25.00\*\*\***

**TOWNSHIP ORDINANCE SEC. 110.04** – “No person may commence or continue a business, as herein defined, within the without having first obtained a township license therefore as hereinafter provided and without maintaining the license in current effect during any business operation or activity”. **PENALTY: FAILURE TO OBTAIN BUSINESS LICENSE – CIVIL INFRACTION - \$250.00 FINE + \$100.00 LIC. FEE**

**THIS APPLICATION MUST BE COMPLETELY FILLED OUT WITH ALL APPLICABLE INFORMATION, OR THE APPLICATION CANNOT BE PROCESSED**

**BUSINESS INFORMATION:**

BUSINESS FULL NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

BUSINESS WEB SITE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

OWNERS FULL NAME \_\_\_\_\_ PHONE/CELL # \_\_\_\_\_

OWNERS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MANAGERS NAME \_\_\_\_\_ PHONE/CELL # \_\_\_\_\_

MANAGERS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NATURE AND TYPE OF BUSINESS \_\_\_\_\_

**BUILDING INFORMATION:**

BUILDING OWNER \_\_\_\_\_ PHONE/CELL # \_\_\_\_\_

BUILDING SQUARE FOOTAGE (IF LEASED INCLUDE SIZE OF LEASED AREA ONLY) \_\_\_\_\_ SQ. FT.

WALL CONSTRUCTION \_\_\_\_\_ FLOOR CONSTRUCTION \_\_\_\_\_

NUMBER OF FLOORS \_\_\_\_\_ ROOF CONSTRUCTION \_\_\_\_\_

BASEMENT: YES NO IF YES, LIST STAIRWELL LOCATION \_\_\_\_\_

ROOF HATCH LOCATION (IF AVAILABLE) \_\_\_\_\_

**BUILDING INFORMATION CONTINUED:**

MEZZANINE/LOFT AREAS YES NO IF YES, LIST LOCATION \_\_\_\_\_

BURGLAR ALARM YES NO FIRE ALARM YES NO

ALARM COMPANY \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ALARM PANEL LOCATION \_\_\_\_\_

FIRE SUPPRESSION SYSTEM YES NO IF YES, FIRE DEPT CONNECTION LOCATION...

\_\_\_\_\_ STAND PIPE LOCATION \_\_\_\_\_

**AFTER HOURS CONTACT INFORMATION (REQUIRED):**

1. \_\_\_\_\_ PHONE/CELL # \_\_\_\_\_

2. \_\_\_\_\_ PHONE/CELL # \_\_\_\_\_

3. \_\_\_\_\_ PHONE/CELL # \_\_\_\_\_

HOURS OF OPERATION \_\_\_\_\_ AM TO \_\_\_\_\_ PM DAYS PER WEEK \_\_\_\_\_ # EMPLOYEES \_\_\_\_\_

IS THIS A SEASONAL BUSINESS Y N IF YES PLEASE LIST WEEKS OR MONTHS OF OPERATION

**HOME OCCUPATION INFORMATION:**

IS THIS BUSINESS A HOME OCCUPATION? YES NO IF YES, DOES THIS BUSINESS REQUIRE OR UTILIZE DELIVERIES FROM VEHICLES OVER ONE TON CAPACITY? YES NO FREQUENCY OF DELIVERIES \_\_\_\_\_

**ALSO COMPLETE THE ATTACHED SUPPLEMENTARY APPLICATION FOR HOME OCCUPATIONS**

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR LICENSE AND EXPRESSLY AGREES, IF THE LICENSE IS GRANTED TO OBSERVE ALL OF THE PROVISIONS OF THE TOWNSHIP ORDINANCES OF KOCHVILLE NOW IN FORCE OR WHICH MAY HERINAFTER BE ENACTED, REGULATING SUCH BUSINESS AND THAT SAID LICENSE MAY BE REVOKED UPON DUE NOTICE AND PROOF OF VIOLATION OF ANY SUCH PROVISIONS. IT IS ALSO EXPRESSLY UNDERSTOOD AND AGREED THAT SAID LICENSE IS NOT TRANSFERRABLE AND KOCHVILLE TOWNSHIP MUST BE PROMPTLY NOTIFIED OF ANY CHANGES IN OWNERSHIP, LOCATION, OR OPERATION OF SUCH BUSINESS(S).

PLEASE PRINT AND SIGN YOUR NAME:

PRINTED NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_