



NEW BUSINESS LICENSE APPLICATION

3195 Wilson Ave. SW – Grandville, MI 49418-1274 – (616) 531-3030 – Fax (616) 530-3859

Name of Business		Date business opened in Grandville	
Location of Business			Zoning Designation of Business Address:
Phone	Fax	Email Address	
Name of Owner or Parent Company			
Address			
Address where renewal information should be sent			
Type of Business	Do you have any other businesses in Grandville? YES NO (if yes, please list businesses on back of application)		
Driver's license number of owner		Sales tax or Federal ID number	

FEES: **New Business - \$100.00** **Renewal – No Charge** **Failure to Comply (2nd notice) - \$50.00**

I affirm that the above statements are true to the best of my knowledge. I agree to conduct my business in compliance with City Ordinances and State Law as required.

Applicant's Name	
Applicant's Home Address	
City/State/Zip	
Applicant's Home Phone	Email
Applicant's Signature (must be notarized)	Date

STATE OF _____ }
 COUNTY OF _____ }

The foregoing instrument was acknowledged before me this _____ day of _____, _____ by _____ .
(Name of Applicant)

 Notary Public

 County and State

My commission expires: _____

Acting in the County of: _____

COPIES TO:	
Assessor	_____
Chamber	_____
Fire Dept.	_____
PROCESSED BY:	
