



KOCHVILLE TOWNSHIP BUSINESS LICENSE APPLICATION

KOCHVILLE TOWNSHIP GOVERNMENTAL CENTER

5851 MACKINAW ROAD

SAGINAW, MI 48604-9767

PH: (989) 792-7596

FAX: (989) 793-7498

2018

LICENSE FEE SCHEDULE

\$25.00 IF PAID BEFORE APRIL 30TH

\$50.00 IF PAID FROM MAY 1ST THROUGH MAY 31ST

\$100.00 IF PAID FROM JUNE 1ST THROUGH JUNE 30TH – WARNING: AFTER JULY 1ST – DEFAULT

*****NEW BUSINESSES – \$25.00*****

TOWNSHIP ORDINANCE SEC. 110.04 – “No person may commence or continue a business, as herein defined, without having first obtained a township license therefore as hereinafter provided and without maintaining the 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 _____

This application may be filled out online at: www.kochvilletownship.com
PLEASE FILL OUT FLIP SIDE OF THIS APPLICATION

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 HEREINAFTER 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 _____