

**HOWELL TOWNSHIP, LIVINGSTON COUNTY, MICHIGAN**  
**2018 Renewal - Business Establishment License Application**

(Howell Township Ordinance No. 241)

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

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

**Renewal Fee 30.00 - (Due by December 31, 2017)**

(After December 31<sup>st</sup>, A LATE FEE will accrue; 1 – 10 days \$30.00, 11 - 20 days \$60.00, 21 - 30 days \$90.00, 31- 40 days \$120.00, 41 – 50 days \$150.00, 51+ days, possible court action)

**BUSINESS ESTABLISHMENT INFORMATION**

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

DBA(s) \_\_\_\_\_

Business Establishment Location \_\_\_\_\_

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

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

Email address \_\_\_\_\_

Property Tax ID # 4706- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Personal Property ID # 4706-99 - \_\_\_\_\_ - \_\_\_\_\_

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

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

Was this business located elsewhere in the Township or in a different a unit? Yes \_\_\_ No \_\_\_

If yes, where \_\_\_\_\_

**BUSINESS ESTABLISHMENT OWNER INFORMATION**

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

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

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

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 \_\_\_\_\_

**FOR OFFICE USE**

PP# \_\_\_\_\_

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

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

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

**Checks should be made payable to: Howell Township**

**PLEASE DO NOT COMBINE LICENSE FEE PAYMENT WITH ANY OTHER TYPE OF PAYMENT**