

HOWELL TOWNSHIP, LIVINGSTON COUNTY, MICHIGAN
New 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

NEW APPLICATION \$30.00 - TEMPORARY \$ 30.00 - (Due 45 days from date of notice)
(A LATE FEE of \$30.00 will accrue every 10 days up to 50 days or \$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 _____

Business Start Date _____ Property Tax ID # 4706 – - -

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

Is this a temporary business? Yes ___ No ___ Expected Close Date _____

Was this business located elsewhere in the Township? Yes ___ No ___

If yes, where _____

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

If yes, what? _____

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 1st 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