

BUSINESS LICENSE APPLICATION

FEE: \$50.00 (\$45.00 INSP. \$5.00 LIC.)

SUMPTER TOWNSHIP

23480 SUMPTER RD.

BELLEVILLE, MI 48111

POLICE 734-461-4833 FIRE 734-697-9388

TOWNSHIP HALL 734-461-6201

YEAR 20_____

DATE OF APPLICATION _____

TAX ID# _____

LOT SIZE _____

ZONING _____

OFF STREET PARKING _____ SQ FT

BUSINESS NAME: _____ E-MAIL ADDRESS: _____

ADDRESS: _____ STREET: _____

CROSS STREETS: _____ AND _____

CITY: _____ ZIP _____ PHONE # _____

BUSINESS TYPE: _____ HOME BASED: YES NO (IF YES COMPLETE SEC #2)

TOTAL BLDG. SQ. FOOTAGE: _____ NUMBER OF EMPLOYEES: _____

HOURS OF OPERATION: M _____ T _____ W _____ T _____ F _____ S _____ S _____

YEAR ROUND: YES NO SEASONAL SPR/SUM/FAL/WIN

ADDRESS ON BUILDING: YES NO BUSINESS SIGN ON SITE: YES NO

APPLICANT(S) NAME (F) _____ (M) _____ (L) _____

HOME ADDRESS: _____ STREET: _____

CITY: _____ ZIP: _____ PHONE#: _____

E-MAIL ADDRESS: _____ RENT/LEASE OWN

DRIVERS LICENSE#: _____ DATE OF BIRTH: _____

PROPERTY OWNER(S) NAME (F) _____ (M) _____ (L) _____

HOME ADDRESS: _____ STREET: _____

CITY: _____ ZIP: _____ PHONE#: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT PERSON / KEY HOLDER: (F) _____ (L) _____

CONTACT PHONE# _____ CELL# _____

ALARM COMPANY: _____ PHONE# _____

BLDG. ALARM: YES NO FIRE ALARM: YES NO

ALARM PANEL LOCATION: Where in building? _____

INSURANCE CARRIER: _____

ADDRESS: _____

PHONE#: _____

ELECTRICAL/GAS/PROPANE/WATER SERVICE/SHUTOFF PANEL/METER LOCATION(S): PLEASE DESCRIBE EACH OF THESE LOCATIONS AS BEST YOU CAN. **EXAMPLE:** NORTHWEST CORNER OF BUILDING NEAR LIGHT POLE.

ELECTRICAL: _____

GAS/PROPANE: _____

WATER: _____

ARE THERE ANY HAZARDOUS MATERIALS ON PROPERTY: YES NO

IF SO, WHAT ARE THEY? LIST ALL: _____

*****SECTION 2*****

HOME OCCUPATION / PERMITTED USE

THE APPLICANT FOR BUSINESS LICENSE SHALL, TO THE BEST OF HIS/HER ABILITY, ANSWER THE FOLLOWING QUESTIONS.

1. WILL THE HOME OCCUPATION ACTIVITY OCCUPY MORE THAN 25% OF THE TOTAL FLOOR AREA OF ANY ONE STORY OF THE RESIDENCE?

YES NO IF YES, PLEASE DESCRIBE: _____

2. WILL THE HOME OCCUPATION INVOLVE EMPLOYEES OTHER THAN FAMILY MEMBERS OF IMMEDIATE FAMILY WHO RESIDE ON THE PREMISES?

YES NO IF YES, PLEASE DESCRIBE: _____

3. WILL THE HOME OCCUPATION ACTIVITY BE CONDUCTED INDOORS, OUTDOORS OR BOTH?

DESCRIBE: _____

4. WILL THE RESIDENCE NEED TO BE STRUCTURALLY ALTERED TO ACCOMMODATE THIS HOME OCCUPATION?

IF SO, DESCRIBE: _____

5. WILL YOU SELL ITEMS FROM THE HOME? HAVE VEHICLE TRAFFIC AND PARKING ON THE PROPERTY?

6. WILL THERE BE ANY EXTERNAL EVIDENCE OF THE BUSINESS, SUCH AS VEHICLE STORAGE, SMALL ANNOUNCEMENT SIGN (NOT TO EXCEED 2 S.F.) OPEN AIR STORAGE OF MATERIALS AND EQUIPMENT, CHEMICAL/FLAMMABLE STORAGE ON THE PROPERTY?

****** ATTACH A COPY OF APPLICANT/OWNER(S) DRIVERS LICENSE ******
FEE: \$50.00 (\$45.00 INSPECTION AND \$5.00 LICENSE FEE)

AFFIDAVIT

The undersigned petitioner states that he is the owner, lessee or other specified interest involved in this petition and that these answers and statements herein contained and the information herewith submitted are in all respects true and correct to the best of this knowledge and belief.

Signed _____

Address _____

City _____ State _____ Zip _____

Phone# _____ Cell# _____

E-Mail _____

**Permission of Property Owner
(If applicant is not owner of property)**

Name _____ Signature _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public Signature

Seal

TO BE COMPLETED BY TOWNSHIP

DATE FILED: _____

DEPARTMENTAL REVIEW

****POLICE**** APPROVAL DENIAL REASON, IF DENIED _____

DATE POLICE PERSONNEL & TITLE

****PLANNING/BLDG.**** APPROVAL DENIAL REASON, IF DENIED _____

DATE BLDG. PERSONNEL & TITLE

****CLERK'S OFFICE**** APPROVAL DENIAL REASON, IF DENIED _____

DATE CLERK PERSONNEL & TITLE