



CITY OF GRAND RAPIDS
BUSINESS LICENSE APPLICATION

TYPE OF BUSINESS LICENSE \_\_\_\_\_

1. BUSINESS DATA

Business Name (DBA or other names used): \_\_\_\_\_

Business Location: \_\_\_\_\_
(Street Number and Name, City, State, Zip Code)

Mailing Address: \_\_\_\_\_
(P.O. Box or Street Number and Name, City, State, Zip Code)

Business Telephone: \_\_\_\_\_ Business FAX: \_\_\_\_\_

Business E-mail address: \_\_\_\_\_ Website Address: \_\_\_\_\_

Is building owned by applicant? (circle one) YES NO If not, Owner's name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact person for Inspection: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check appropriate box(es): [ ] Existing Building [ ] New Construction [ ] Remodel [ ] Change of Use

Present Use of Building (if vacant, what was last use?): \_\_\_\_\_ Proposed Start Date: \_\_\_\_\_

Sales Tax License Number: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Sales Activity (circle one): NONE WHOLESALE RETAIL Do you dispense or sell: liquor \_\_\_\_\_ food \_\_\_\_\_
yes/no yes/no

Manager or person principally in charge of operation of business

Name & Title: \_\_\_\_\_

Other Names Used or Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_
(Street Number and Name, City, State, and Zip Code)

Fax: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Last 4 digits of S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Individual in charge of Accounting Records (CEO, CFO, CCO)

Name & Title: \_\_\_\_\_

Other Names Used or Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_
(Street Number and Name, City, State, and Zip Code)

Fax: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Last 4 digits of S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. OWNERSHIP TYPE

Table with 4 columns: Circle One, Individual/Sole Proprietor, Sole Member LLC, Partnership, Corporation, LLC, Other

A. Complete this section if you circled Individual/Sole Proprietor or Sole Member LLC.

Owner's Name: \_\_\_\_\_

Other Names Used or Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_
(Street Number and Name, City, State, and Zip Code)

Fax: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Last 4 digits of S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**B. Complete this section if you circled Partnership, Corporation, LLC or Other.**

Official Corporate Name: \_\_\_\_\_

Corporate Address: \_\_\_\_\_  
(Street Number and Name, City, State, and Zip Code)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Michigan Corporate/LLC ID #: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

LLC Qualification Date: \_\_\_\_\_

**List all Owners, Partners or Corporate Officers**

1. Name & Title: \_\_\_\_\_

Other Names Used or Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number and Name, City, State, and Zip Code)

Fax: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Last 4 digits of S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Name & Title: \_\_\_\_\_

Other Names Used or Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number and Name, City, State, and Zip Code)

Fax: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Last 4 digits of S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Name & Title: \_\_\_\_\_

Other Names Used or Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number and Name, City, State, and Zip Code)

Fax: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Last 4 digits of S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Attach list if there are additional persons.

**3. I hereby affirm that I have truthfully completed this application and all additional information and attachments hereto to the best of my knowledge; that I have read Chapter 91 of the Grand Rapids City Code and all applicable City of Grand Rapids licensing ordinances; and that I agree to operate this business in accordance with all Federal, State and local laws, ordinances, rules and regulations.**

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Title

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

City Clerk's Office  Approved  Disapproved

\_\_\_\_\_  
City Clerk or designee

\_\_\_\_\_  
Date

Rev 09-09

**City of Grand Rapids  
Business License Application – Part II**



**This form must be submitted with all license applications. Applicants are required to read and initial all sections below.**

Business Name: \_\_\_\_\_

I fully understand and have completed Part I of the application, and have read the appropriate ordinances for the license category I am applying for. I have completed the application myself or with the assistance of an interpreter, if applicable.

Initials\_\_\_\_\_

I understand that all fees are non-refundable and cover the cost of processing the application.

Initials\_\_\_\_\_

I understand the license year applicable to all licenses shall begin on July 1<sup>st</sup> of each year and shall end on June 30<sup>th</sup> of the following year.

Initials\_\_\_\_\_

I understand that licensing fees are not pro-rated for a partial licensing year.

Initials\_\_\_\_\_

I understand that failure to disclose complete and accurate information is falsification of application. This is sufficient cause for immediate denial or revocation of a license.

Initials\_\_\_\_\_

I understand that other departments needing to make a recommendation on my application may require an inspection.

Initials\_\_\_\_\_

I understand the business property must have the proper zoning classification before a license can be issued.

Initials\_\_\_\_\_

I understand that a business license is issued to a specific business at a specific location and cannot be transferred to a new owner or new location.

Initials\_\_\_\_\_

If a license is denied, I understand I must file an appeal in writing to the City Clerk's Office, 300 Monroe Avenue NW, Grand Rapids, MI 49503, within 10 days of notification of the denial.

Initials\_\_\_\_\_

I understand that if I do not renew my license in June, there will be late fees and/or penalties assessed up to and including a civil misdemeanor.

Initials\_\_\_\_\_

I understand that I will not be able to claim 100% Principal Residence Exemption if I am making my home or part of my home available for rental.

Initials \_\_\_\_\_

If an interpreter was used, please provide their name and number below.

\_\_\_\_\_  
Name of interpreter (printed)                      phone number



Additional Information for

**Sale Application**

Going Out of Business, Insurance, Bankruptcy, Mortgage, Insolvent, Assignee's, Executor's, Administrator's, Receiver's, Trustee's, Removal, Closing Out, and sales of goods, wares and merchandise damaged by fire, smoke, water, or otherwise.

Original Issuance     1<sup>st</sup> Renewal     2<sup>nd</sup> Renewal    Date: \_\_\_\_\_  
(Each is issued for 30 days only. No extensions permitted after second renewal.)

Name of Business: \_\_\_\_\_

Length of time applicant has been in business at this location: \_\_\_\_ years \_\_\_\_ months

Sale will be conducted in the following manner: \_\_\_\_\_

Sale will be started: \_\_\_\_\_ and continued until: \_\_\_\_\_

Reason for sale: \_\_\_\_\_ Total value of inventory at cost \$: \_\_\_\_\_

Type of Sale:     Closing Out                       Liquidation                       Lost our Lease  
                     Forced to Vacate                       Going Out of Business  
                     Other - Describe \_\_\_\_\_

A complete inventory of goods to be sold must be attached to this application. No goods will be added to the inventory after this application is filed or after the sale is started. None of the goods on the inventory attached hereto was received on consignment. A copy of the inventory submitted with this application must be posted on the premises on which the sale is to be conducted. This inventory need not show the cost prices.

Name of person who will be in charge of and responsible for the conduct of the sale:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Statement of Applicant**  
(Cross out statements not applicable)

Removal Sale – this business will be discontinued at this premises when the sale is terminated and will be established at: \_\_\_\_\_

Fire, Smoke, Water Sale – the damage to the goods to be sold was caused by:

Cause	Location	Time

Going Out of Business Sale – This business will be discontinued at this premises when the sale is terminated.

Please provide any additional information on a separate page.

- NOTE: The State Law, Act 39 of the Public Acts of 1961, requires that the inventory include:
1. Itemized list of goods to be sold, described with make and brand name, if any, sufficient for clear identification.
  2. Separate list of goods, purchased 60 days or less immediately prior to the date of this application.
  3. Cost price of each item, name and address of the source, date of purchase, and delivery date.

The sale for which an original license is issued and any renewal thereof permitted under the Act, shall be considered as one sale.