



CITY OF GRAND RAPIDS
BUSINESS LICENSE APPLICATION

TYPE OF BUSINESS LICENSE

Liquor 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 sell food: yes / n o

Manager or person principally in charge of operation of business

Name & Title:

Other Names Used or Aliases:

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:

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: Individual/Sole Proprietor, Sole Member LLC, Partnership, Corporation/LLC/Other. Includes instruction to circle one.

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**

FOR DEPARTMENT USE ONLY

**DATE RECEIVED:** \_\_\_\_\_ **FEE PAID:** \_\_\_\_\_

**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 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\_\_\_\_\_

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

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