



## BUSINESS REGISTRATION APPLICATION

REGISTRATION IS REQUIRED BY TOWNSHIP ORDINANCE AND STATE LAW

Application Type	Fee
Initial	\$0
Renewal	\$0

### Registration Information *(All Businesses Must Complete This Section)*

Name of Business			Date	
Address of Business Premises to be Registered		City	State	Zip
Mailing Address of Business <i>(if different from above)</i>		City	State	Zip
Business Phone		Cell Phone		
Business Email		Business Fax		
Owner of Premises <i>(if different than Registrant)</i>				
Type of Business Entity <i>(e.g., Sole Proprietor, Corporation, LLC, Partnership, etc.)</i>				
Names of Owners/Persons Authorized to Act on Behalf of Business				
Address		City	State	Zip
Phone		Cell Phone		
Type of Business Operations Engaged in on Business Premises				

### Personal Property Information *(All Businesses Must Complete This Section)*

Estimated Value of Personal Property on Site and Used in Business Operation  \$	Zoning District of Premises
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**Emergency Contact Information** *(Commercial & Industrial Businesses Only)*

Emergency Contact #1		Phone Number		
Address		City	State	Zip
Emergency Contact #2		Phone Number		
Address		City	State	Zip
Emergency Contact #3		Phone Number		
Address		City	State	Zip

**Building Information for the Fire/Rescue Department** *(Commercial & Industrial Businesses Only)*

Building Size – Length	Building Size – Width	Stories
Construction Type – Building	Construction Type – Roof	
Occupancy Type	Capacity	
Do you have a Stairway YES ( )      NO ( )	Type	Location
Do you have a Sprinkler System YES ( )      NO ( )	Type WET ( )      DRY ( )	Combination
Hydrant Location	GPS Coordinates	
If Operation Involves Hazardous Products <i>(please list)</i>		
If Operation Involves Hazardous Processes <i>(please list)</i>		
<b>If there are any hazards, attach a floorplan sketch <i>(drawn to scale)</i> of operation and premises. Identify the approximate location of any hazardous products or processes on the sketch.</b>		
<b>APPLICANT’S SIGNATURE</b> <i>(All Businesses Must Complete This Section)</i>		
Applicant’s Name <i>(printed)</i>	Applicant’s Signature	