

HOWELL TOWNSHIP, LIVINGSTON COUNTY, MICHIGAN
2020 Renewal 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

APPLICATION \$30.00 (Due by December 31, 2019)

(After December 31st, A LATE FEE will accrue: 1 – 10 days \$30.00, 11 - 20 days \$60.00, 21 - 30 days \$90.00, 31- 40 days \$120.00, 41 – 50 days \$150.00, 51+ days, possible court action)

BUSINESS ESTABLISHMENT INFORMATION

Name of Business Establishment _____

DBA(s) _____

Business Establishment Location _____

Business Phone _____ Business Fax _____

Business Email Address _____

Mailing Address (if different than location) _____

_____ Business Start Date _____

Property Tax ID # 4706-_____-_____-_____ Personal Property ID #4706-99-_____-_____

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? _____

Name of person in charge of license _____

Phone _____ Email Address _____

BUSINESS ESTABLISHMENT OWNER INFORMATION

Name of Owner _____ Phone _____

Owner's Address _____

Owner's Email Address _____

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 _____

Checks should be made payable to: Howell Township

PLEASE DO NOT COMBINE LICENSE FEE PAYMENT WITH ANY OTHER TYPE OF PAYMENT

FOR OFFICE USE PP# _____ BL LICENSE# _____

AMT PAID: _____ LICENSE FEE: _____ LATE FEE: _____ CHECK: _____ DATE ISSUED: _____ BY: _____