

**HOWELL TOWNSHIP, LIVINGSTON COUNTY, MICHIGAN**  
**New 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 30 Days from date of notice)

(LATE FEES will start accruing; 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 1<sup>st</sup> 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: \_\_\_\_\_