



**CITY OF MUSKEGON  
BUSINESS REGISTRATION APPLICATION  
\$35.00 REGISTRATION FEE**

Enclose the Fire Safety Audit Worksheet with the application. If you are non-profit, please enclose a copy of your Non-Profit Status for waiver of fee. Return all correspondence to Clerk Office, 933 Terrace St., Muskegon MI 49440.

**PLEASE TYPE OR PRINT -FOR QUESTIONS CALL; (231) 724-6705**

<b>BUSINESS NAME:</b>		<b>Check one box only:</b>	
		<input type="checkbox"/> Individual	<input type="checkbox"/> Corp
		<input type="checkbox"/> Non-Profit	<input type="checkbox"/> LLC
		<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Partnership
			<input type="checkbox"/> Government
			<input type="checkbox"/> Single Member LLC *
<b>COMPLETE COMPANY NAME:</b>			
<b>TYPE OF BUSINESS CONDUCTED:</b>			
<b>FEIN#</b>	<b>HOURS OF OPERATION:</b>	<b>NUMBER OF EMPLOYEES:</b>	
<b>BUSINESS PHONE:</b>		<b>START-UP-DATE:</b>	
<b>MAILING ADDRESS (for renewal and correspondence):</b>			
<b>Number and Street:</b>			
<b>City, State, Zip:</b>			
<b>PHYSICAL ADDRESS OF BUSINESS IN MUSKEGON:</b>			
<b>Number and Street:</b>			
<b>City, State, Zip:</b>			
<b>OWNER/MANAGER:</b>		<b>TITLE:</b>	
<b>DRIVER'S LICENSE NUMBER:</b>		<b>EMAIL:</b>	
<b>RESIDENCE ADDRESS:</b>		<b>HOME TELEPHONE:</b>	
<b>Number and Street:</b>			
<b>City, State, Zip:</b>		<b>BUSINESS TELEPHONE:</b>	
<b>EMERGENCY CONTACT:</b>			
<b>Name:</b>			
<b>Address:</b>		<b>Phone:</b>	

I certify that the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date