



CITY OF MUSKEGON
BUSINESS REGISTRATION APPLICATION
\$40.00 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

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

I hereby certify that the foregoing information is true and complete to the best of my knowledge. My signature authorizes the City to conduct compliance checks with all relevant municipal departments as a prerequisite for the issuance of my business license.

Signature of Applicant

Date