



CITY OF CHEBOYGAN

BUSINESS LICENSE APPLICATION

Business License Number: _____

Seasonal Year-Round

FEE: \$

Business Name:

Mailing Address:

City:

State:

Zip:

Business Address:

Business Phone:

Business Fax:

Business Email:

Business Website:

Description of Business (nature of business and/or good(s) to be sold):

Nature and character of advertising done or proposed for attracting customers:

How long do you intend to operate your business?

NOTE: If vehicles are being used, please complete the following:

MAKE	MODEL	YEAR	VIN OR SERIAL NUMBER

State Sales Tax Number:	
State License Number:	
FEIN #:	

Owner/Agent (1):	
Phone/Cell:	Email:
Date of Birth:	Social Security #:
Driver's License #:	

Owner/Agent (2):	
Phone/Cell:	Email:
Date of Birth:	Social Security #:
Driver's License #:	

Has/Have applicant(s) ever been convicted of any crime? Yes No

If yes: Misdemeanor Felony

EMERGENCY CONTACTS:

Name:	Phone:
Name:	Phone:

I declare, under penalty of perjury, that the information contained in this application is true and correct.

Date

Signature

Title

CITY USE ONLY:

Application Approved

Application Denied

City Manager

Date

Chief of Police

Date

City Clerk

Date

CLOSED BUSINESS STATEMENT:

To be completed ONLY if you are no longer conducting business in the City of Cheboygan.

Please select one of the following options, provide the requested information, and return this form to the City of Cheboygan:

I sold my business to: _____
(New Owner Name)

Street: _____
(New Business Address)

City: _____ State: _____ Zip: _____

I closed my business. Date Closed: _____

I declare, under penalty of perjury, that the information above is true and correct.

Date

Signature

Title