



# CITY OF CHEBOYGAN

P.O. Box 39 • 403 North Huron • Cheboygan, Michigan 49721 • 231-627-9931

*www.cheboygan.org • TDD: 231-597-0315 • Fax Phone: 231-627-6351 • Department of Public Safety: 231-627-4321 • Crime Stoppers: 1-800-465-STOP*

## CITY OF CHEBOYGAN

### BUSINESS LICENSE APPLICATION

FEE \_\_\_\_\_

Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone # \_\_\_\_\_ Business Fax # \_\_\_\_\_

Description of Business \_\_\_\_\_  
(Nature of business and/or good to be sold)

Nature and character of advertising done or  
proposed to be done in order to attract customers \_\_\_\_\_

Length of time for which the right to do business is desired \_\_\_\_\_

\*\*\*Please note: If a vehicle(s) is/are being used, provide a description of the same, together with the license or VIN number.

State Sales Tax # \_\_\_\_\_ FEIN# \_\_\_\_\_

State License # \_\_\_\_\_

#### MISSION STATEMENT

*The Mission of the City of Cheboygan is to promote economic opportunity and enhance quality of life through innovative commitment of human and natural resources with continued planning, financial allocation, and implementation of goals by responsive staff, and elected and appointed officials.*

CORPORATE OFFICE

Owner/Agent \_\_\_\_\_ Phone (Bus) \_\_\_\_\_

Phone (Res) \_\_\_\_\_

Owner/Agent \_\_\_\_\_ Phone (Bus) \_\_\_\_\_

Phone (Res) \_\_\_\_\_

Drivers License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Drivers License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Has applicant ever been convicted of any crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Misdemeanor \_\_\_\_\_ Felony \_\_\_\_\_

Return this application with payment promptly.

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

Date \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_

EMERGENCY CONTACTS

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**CLOSED BUSINESS STATEMENT**

If you are not conducting business in the City of Cheboygan, enter information in one of the following and return.

I sold my business to \_\_\_\_\_  
(New Owner Name)

\_\_\_\_\_  
(New Business Address)

I closed my business. Date closed \_\_\_\_\_

Note: If you have opened a new business in Cheboygan, supply the requested information on the front of this form.

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

Date \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_

Approved By: \_\_\_\_\_ Date \_\_\_\_\_  
City Manager

\_\_\_\_\_  
Chief of Police Date \_\_\_\_\_

\_\_\_\_\_  
Clerk Date \_\_\_\_\_

Denied By: \_\_\_\_\_ Date \_\_\_\_\_  
City Manager

\_\_\_\_\_  
Chief of Police Date \_\_\_\_\_

\_\_\_\_\_  
Clerk Date \_\_\_\_\_