



BUSINESS LICENSE APPLICATION  
CITY OF ROOSEVELT PARK  
900 Oak Ridge Rd.  
Roosevelt Park, MI 49441  
(231) 755-3721

Clear Form

RP-2020-

New Business  Renewal

Application Date: \_\_\_\_\_

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

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Owner/Officer Information**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Do you sell a product subject to retail sales tax? Yes  No

Do you sell or serve alcoholic beverages? Yes  No

Do you sell cigarettes on your premises? Yes  No

Do you have an alarm system? Yes  No

If yes, please list name and phone number of alarm company: \_\_\_\_\_

Number of Employees: Full-Time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_

**For Fire Safety please respond to the following (you must respond to receive a business license):**

Are Hazardous Materials Used, Stored, or Manufactured on Premises? Yes  No

If yes, please describe type and amounts: \_\_\_\_\_

**After Hours Emergency Contacts (Required)**

Contact 1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact 2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact 3 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

THE INFORMATION GIVEN ABOVE IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

\_\_\_\_\_  
Signature of Principal Officer / Date

\_\_\_\_\_  
Print Name Please

FOR CITY USE ONLY

Amount Paid: \_\_\_\_\_ Date received: \_\_\_\_\_ By: \_\_\_\_\_