



BUSINESS LICENSE APPLICATION

CITY OF WALKER CLERKS OFFICE
4243 REMEMBRANCE RD.
WALKER, MI 49534
(P) 616 791-6878 (F) 616 791-6881

(PLEASE TYPE OR PRINT COMPLETE FORM CLEARLY)

BUSINESS INFORMATION:

NAME OF BUSINESS: _____ DBA: _____

BUSINESS ADDRESS: _____ STE # _____ ZIP _____

BUSINESS PHONE: _____ FAX: _____

NAME OF OWNER/PRESIDENT/MANAGER: _____ DL # _____

MAILING ADDRESS (IF DIFFERENT FROM BUSINESS): _____

CORPORATE CONTACT: _____ PHONE: _____

ADDITIONAL INFORMATION:

BUSINESS DESCRIPTION _____

OF EMPLOYEES _____ START DATE IN WALKER: _____ FEDERAL ID #: _____

BUSINESS STATUS: CORPORATION SOLE PROPRIETOR LLC NON-PROFIT OTHER _____

WILL YOUR BUSINESS BE LICENSED UNDER MLCC? NO YES TYPE: _____

HOURS OF OPERATION: _____ IS THIS BUSINESS VETERAN OWNED? NO YES

ARE LIGHTS ON AT NIGHT? NO YES: INSIDE OUTSIDE SPRINKLERS INSTALLED? YES NO

HAZMAT? NO YES: TYPE: _____

IS THERE ANYTHING ELSE THAT RESPONDING EMERGENCY PERSONNEL SHOULD BE AWARE OF?

DO YOU HAVE ANY OTHER LOCATIONS IN WALKER, IF SO, WHERE? _____

BUILDING / PROPERTY OWNER INFORMATION (LESSOR):

SECURITY COMPANY NAME _____ PHONE: _____

ALARM SYSTEM INSTALLED? NO YES: TYPE: HOLD UP IMPULSE MONITORED MOTION

FIRE MONITORED BY CENTRAL STATION? NO YES: COMPANY NAME: _____

DO YOU: OWN OR RENT IF RENTING, FILL OUT SECTION BELOW:

OWNER OR MANAGER OF PROPERTY: _____ PHONE: _____

PROPERTY OWNER'S ADDRESS: _____ ZIP _____

EMERGENCY CONTACTS (IN ORDER IN, WHICH YOU WISH THEM CONTACTED):

NAME: _____ CELL: _____ HOME: _____

NAME: _____ CELL: _____ HOME: _____

NAME: _____ CELL: _____ HOME: _____

ANNUAL FEE \$25.00 (CHECK OR CASH ONLY)

I HEREBY AFFIRM THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

DATE: _____ SIGNATURE: _____ EMAIL: _____

PRINT NAME & TITLE: _____ CONTACT PHONE NUMBER: _____

OFFICE USE ONLY

REVIEWED & APPROVED BY: BUILDING/ZONING FIRE DEPT POLICE DEPT

CLERK'S OFFICE: DATE RCV'D: _____ DATE ISSUED: _____ RECEIPT #: _____