



3195 Wilson Avenue, SW
Grandville, MI 49418
Phone: (616) 530-4977
Fax: (616) 530-3859

Dear Applicant:

Congratulations on your plans to open a business in Grandville. This is to notify you that a license must be obtained before commencing business within the City. Section 12-2 of the Grandville Code of Ordinances requires that a person shall not commence a business within the City without first obtaining a license.

Please find enclosed three forms, an application for business license, and emergency forms for our Police and Fire departments. Please return all forms and a check for \$100.00 made payable to the City of Grandville, Attn: Business Licenses. This fee is a one-time charge at the time you go into business. You must obtain this license prior to opening your kiosk.

The City of Grandville allows three kiosks to operate under one license; however, you must notify the City of Grandville if you open any additional kiosks under this license. If you wish to have more than three kiosks you will be required to purchase an additional business license.

Hereafter, each June you will be asked to renew (update) your license on a no-charge basis. You will receive renewal forms to complete and return to us by July 1st. If you fail to return the renewal forms by July 1st, your kiosk license will become invalid. Once the kiosk is made inactive you will have to pay the \$100.00 fee again.

Thank you for your cooperation and if you have any questions, please feel free to contact the Business Licensing office at (616) 530-4977.

Sincerely

Mary L. Meines
City Clerk



3195 Wilson Avenue, SW
Grandville, MI 49418
(616) 530-4977

KIOSK LICENSE APPLICATION

Name of Kiosk: _____

Address of Kiosk: _____

Telephone: _____ FAX: _____

Name of Owner or Parent Company: _____

Address: _____

Where should we mail renewal information? _____

List names of all Kiosks in Grandville: _____

Driver's license number of owner (if applicable): _____

Sales tax or Federal I.D. number: _____

Fees Due: New Kiosk-\$100.00 Renewal-No Charge

I affirm that the above statements are true to the best of my knowledge. I agree to conduct my business in compliance with City Ordinances and State Law as required.

Applicant's Name (Please Print): _____

Applicant's Home Address: _____
(Address, City, State, ZIP)

Applicant's Home Telephone: _____

Applicant's Signature _____ Date: _____
(Must be notarized)

STATE OF MICHIGAN }
COUNTY OF KENT }

The foregoing instrument was acknowledged before me this _____ day of _____, 20____

by _____
(Name of Applicant)

_____, Notary Public,

_____ County, MI

My commission expires: _____

Assessor	_____
Chamber	_____
Fire Dept.	_____
Processed by:	_____

**GRANDVILLE POLICE DEPARTMENT
BUSINESS INFORMATION FORM**

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS LOCATION PHONE #: _____ - _____

BUSINESS HOURS OF OPERATIONS: _____

LOCAL CONTACT (#1) NAME _____

ADDRESS: _____

HOME PHONE #: (____) _____ - _____ **CELL #:** (____) _____

LOCAL CONTACT (#2) NAME: _____

ADDRESS: _____

HOME PHONE #: (____) _____ - _____ **CELL #:** (____) _____

LOCAL CONTACT (#3) NAME: _____

ADDRESS: _____

HOME PHONE#: (____) _____ - _____ **CELL #:** (____) _____

MONITORING ALARM BUSINESS: _____

ADDRESS: _____

ALARM COMPANY'S PHONE #: (____) _____ - _____

**MAINTAINING ALARM BUSINESS (if different from monitoring)
AND/OR AGENT:** _____

ADDRESS: _____ **PHONE #:** (____) _____ - _____

ALARM COVERAGE(S): _____

(i.e.door/windows,etc.)

SPECIAL/FIRE HAZARD CONDITIONS/ *KNOX BOX* INFO: _____

CORRESPONDENCE ADDRESS: _____
(if different from alarm business address)



FIRE DEPARTMENT

3215 Wilson Avenue, SW
Grandville, MI 49418-1299
Phone: (616) 530-6211
Fax: (616) 534-4926

EMERGENCY CONTACT AND FIRE INFORMATION

NAME OF BUSINESS: _____

ADDRESS: _____

BUSINESS PHONE #: _____

BUSINESS E-MAIL: _____

EMERGENCY CONTACTS

	Name	Title	Home/Cell Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

BUILDING OWNER: _____

Address: _____

Phone #: _____

IS THERE AN ELEVATOR? _____ IF SO, WHO HAS THE KEY? _____

TYPE OF BUSINESS: _____

DO YOU HAVE A FIRE ALARM SYSTEM? _____

ALARM COMPANY NAME AND NUMBER: _____

DO YOU HAVE SPRINKLERS AND/OR FIRE EXTINGUISHERS?

HYDRANT LOCATION: _____

DO YOU HAVE/USE ANY HAZARDOUS CHEMICALS? _____

IF YOU ANSWERED YES TO THE PREVIOUS QUESTION, PLEASE PROVIDE AN 8 ½" x 11" SKETCH OF THE LAYOUT OF YOUR BUILDING OR OFFICE AREA. PLEASE INCLUDE WHERE THE HAZARDOUS CHEMICALS ARE KEPT, WHERE THE UTILITIES ARE LOCATED (gas meter, electrical panels, etc.) AND ANY OTHER INFORMATION THAT WOULD BE HELPFUL TO US IN THE EVENT OF AN EMERGENCY SITUATION.

COMMENTS: _____

INFORMATION PROVIDED BY: Name: _____ Date: _____

****UPDATE ANNUALLY****