



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

Dear Applicant:

Congratulations on your company's new location in Grandville. This letter is to notify you that a license must be obtained. 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 an application for a business license, a police emergency contact form and a fire emergency form. Please return all forms and a check for \$100.00 made payable to the City of Grandville, Attn: Business Licenses. This license fee is a one-time charge at the time you go into business. The license must be obtained prior to opening your business.

Hereafter, each June, you will be asked to renew (update) your license on a no-charge basis. Complete and return the renewal forms to us by July 1st. Failure to return these renewal forms by July 1st will result in a \$50.00 fee for Failure to Comply.

Have you confirmed that your businesses operation is conforming to the zoning designation of your location? Zoning approval is required before a business license may be issued. Please feel free to contact the City Clerk's office at (616) 530-4977 with any questions. Thank you for your cooperation.

Sincerely,

Mary L. Meines
City Clerk



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

NEW BUSINESS LICENSE APPLICATION

Name of Business: _____

Location of Business: _____ Suite: _____

Date of business opening (in Grandville): _____ Zoning Designation of Business Address: _____

Telephone: _____ FAX: _____

Name of Owner or Parent Company: _____

Address: _____

Where should we mail renewal information? _____

TYPE OF BUSINESS: _____

Do you have any other businesses in Grandville? Yes No (If yes please list businesses on back of this application)

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

Sales tax or Federal I.D. number: _____

Fees Due: New Business-\$100.00 Renewal-No Charge Failure to comply (2nd notice)-\$50.00

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: _____

Acting in the County of _____

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****