



CITY OF KENTWOOD PO BOX 8848 KENTWOOD, MI 49518-8848

BUSINESS LICENSE APPLICATION

Business Name			Company Contact	
Kentwood Address				(Owner / Manager)
	(# - Street -	Suite)		(Zip
Phone	Fax		email	
Corporation Name (If App	olicable)			
Corporation Address				
	(Street)	(City)	(Zip)	
Corporate Contact Persor	n	Phone	emai	1
Billing Address				
	(Street)	(City)	(Zip)	
MAIL LICENSE TO	Kentwood Address	Billing Address	Other	
	BUSIN	ESS INFORMAT	ΓΙΟΝ	
Kentwood Location: Dat	e Established	# of Employe	es	Union
Hours of Operation: Wee	ekdays:	Weekends:		
Business Website			_	
Sales Volume (Check the	appropriate Category) 000 \$100,000 to \$250,00	00	,000,000 >\$1,0	00,000
Business Type: (Please	check the appropriate catego	ry)		
Distribution	Transportation			
Food Services	Industrial SIC Cod	de	Briefly describe the	e nature of your business:
Health Services		e State Facility license)	product, service pr	
Hotel		cility(Provide State lic.)		
Retail	☐ Non-Profit (Provide			
Restaurant				
Service				
Types that require add	itional form:			
☐ Transient (temp-trave		Consumity C	.	
☐ Massage	Snowplower —			
Second Hand Dealer		L F	ire Plan	
	ayment to avoid late fees.			
Date	Title	Signature		
I declare, under penalty of	of perjury, that the information	n contained in this applic	ation is true and com	rect.
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A signature below qualifie	es the applicant for the above			
Fire Department		Inspections Department		
Planning Department		City Clerk Department		
			N.	
Personal Property No.		Rusiness Lice	JUSE INU	