



BUSINESS LICENSE APPLICATION

BUSINESS INFORMATION

Name of Business: _____ Phone Number: _____

Physical Address: _____

Mailing Address: _____

Type - Check all that apply: Retail Food & alcohol Food no alcohol Lodging
 Office Service Other _____

OWNER INFORMATION

Name of Owner: _____ Home Phone Number: _____

Home Address: _____

Email Address: _____

EMERGENCY CONTACT INFORMATION

Local Emergency Contact Person: _____

Local Emergency Contact Phone Number: _____

Local Emergency Contact Email: _____

Your Business License will be issued under the provisions of Saugatuck City Code Chapter 110.

I declare under penalty of perjury that the statements made herein are true and correct to the best of my knowledge and belief.

Owner/Manager _____

Date _____

License Year May 1 to April 30	Annual Fee \$15.00
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To Pay by Credit Card - circle one: Visa Mastercard Discover

Number ____ - ____ - ____ - ____ Expiration Date: ____ - ____ Code on Back ____

Billing Zip Code _____