



CITY OF WALKER
4243 REMEMBRANCE RD.
WALKER, MI 49534
CLERKS DEPARTMENT (P) 616 791-6878 FAX 616 791 6881
BUSINESS LICENSE APPLICATION
JANUARY 1, 2012 – DECEMBER 31, 2012

(PLEASE TYPE OR PRINT COMPLETE FORM CLEARLY)
BUSINESS OWNER (LESSEE)

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____ STE # _____ ZIP _____

BUSINESS PHONE: _____ FAX: _____

NAME OF OWNER/PRESIDENT/MANAGER _____ DL # _____

MAILING ADDRESS IF DIFFERENT FROM BUSINESS (WHERE YOU WANT APPLICATION SENT)

ADDRESS: _____ ZIP _____

BUSINESS DESCRIPTION _____ BUSINESS START DATE: _____

OF EMPLOYEES _____ FEDERAL ID # _____

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

SECURITY COMPANY NAME _____ PHONE # _____

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

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

BUILDING / PROPERTY OWNER INFORMATION (LESSOR)

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: _____

HOURS OF OPERATION: _____

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

HAZMAT? YES NO TYPE: _____

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

DO YOU HAVE ANY OTHER LOCATIONS IN WALKER? _____ WHERE? _____

WOULD YOU LIKE TO RECEIVE YOUR WALKER NEWSLETTER VIA EMAIL? _____

YEARLY FEE \$25.00.

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

DATE: _____ SIGNATURE: _____ PRINT NAME: _____

OFFICE USE ONLY

REVIEWED BY: BUILDING/ZONING FIRE DEPT POLICE DEPT