City of Algonac

805 St. Clair River Drive, PO Box 454 Algonac, MI 48001. 810-794-9361. www.cityofalgonac.org.

Business License Application

1.	BUSINESS INFORMATION		
o i	Individual \square Partnership \square Corporation		
		Street Address Business Phone	
2.	BUSINESS OWNER INFORMATION		
Name		Street Address	
			Cell Phone
Hom	ne Phone	Email Address	
	HAS APPLICANT OR PERSON CONDUC	CTING/MANAGING TI	Yes No SUBMIT WITH APPLICATION HE BUSINESS BEEN CONVICTED OF A CRIME, ORDINANCE? Yes No If yes, please describe
	PLEASE ATTACH COPY OF DRIVER'S LICENSE. SIGNATURE REQUIRED		
I her	reby depose that all the information provided wi	ith this application IS true	and correct, to the best of my knowledge and belief.
Appl	olicant Signature:		Date:
8.	REQUIRED		
	License Fee: \$80. A penalty of 10% shall be assessed if license is not renewed prior to the expiration date. All licenses terminate on March 31 at 12:00 midnight, two years after the date of issue. Evidence of any required state license or permit has been issued and that all fees pertaining thereto have been paid. Evidence that all personal property taxes, levied and assessed, have been paid. Once issued, license must be conspicuously displayed during normal business hours.		

More information about Chapter 12 Business Licensing can be found online at: https://library.municode.com/mi/algonac/codes/code of ordinances?nodeId=PTIICOOR CH12BULI

FOR CITY USE ONLY

Date Application Received:	Date Fees Paid:		
APPROVALS			
Code Enforcement Officer	Building Official:		
Treasurer:	City Clerk:		
Fire Chief:	Assessor		
Is new personal property number required? New number:			
License #	Date Issued:		
Date license mailed:			
***** EXPIRATION DATE: MARCH 31, *****			