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			
	Individual Partnership Corporation			
Nar	me	Street Address		
DBA	A:	Business Phone _		
Pro	posed Days and Hours of Operation:			
2.	BUSINESS OWNER INFORMATION			
Nar	me	Street Address		
	/State			
Hor	me Phone	Email Address		
3.	DESCRIPTION OF BUSINESS AND NATUR	E OF GOODS FOR SAL	E	
4.	IS THE FIRE DEPARTMENT FACILITY SUR	VEY COMPLETED?	Yes No SUBMIT WITH APPLICATION	
5.	HAS APPLICANT OR PERSON CONDUCTI	NG/MANAGING THE	BUSINESS BEEN CONVICTED OF A CRIME,	
	MISDEMEANOR OR THE VIOLATION OF	ANY MUNICIPAL ORD	DINANCE? Yes No If yes, please describe	
6.	PLEASE ATTACH COPY OF DRIVER'S LICENSE.			
7.	SIGNATURE REQUIRED			
I he	ereby depose that all the information provided with	this application IS true and	d correct, to the best of my knowledge and belief.	
App	olicant Signature:		Date:	
8.	REQUIRED			
	License Fee: \$75. A penalty of 10% shall be assess on March 31 at 12:00 midnight, two years after the Evidence of any required state license or permit has Evidence that all personal property taxes, levied at Once issued, license must be conspicuously display	e date of issue. as been issued and that all nd assessed, have been pa	aid.	

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 re	equired? New number:	
	Date Issued:	
***** EXPIRATION DATE: MARCH 31,		