

**OFFICIAL USE ONLY**

DATE RECEIVED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

BUILDING ADDRESS \_\_\_\_\_ PARCEL NUMBER(S) \_\_\_\_\_

**WILLIAMSTOWN TOWNSHIP  
Business License Renewal**

NOTICE TO APPLICANT: Applications for Business License Renewal must be submitted prior to continuing business within the Township. If there are changes to your original Business License Application, make corrections below. Any state required license renewals must be attached with this application along with the renewal fee of \$10.00 as specified in the Zoning Ordinance (and elsewhere on this form). Applications for renewal are due each year by December 31<sup>st</sup>.

**TO BE COMPLETED BY APPLICANT:**

I (We), the undersigned, do hereby respectfully request renewal for a business license and provide the following information to assist the review.

NAME OF BUSINESS(S): \_\_\_\_\_

(Attach additional sheets if necessary)

BUSINESS ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER(S): \_\_\_\_\_

E-MAIL: \_\_\_\_\_

INTEREST IN PROPERTY (if not owner): \_\_\_\_\_

**BUSINESS OWNERS (complete only if changed).**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PLEASE DESCRIBE THE NATURE AND RANGE OF **ANY CHANGES** IN ACTIVITIES, AS WELL AS ANY POTENTIAL IMPACTS AND ANY OTHER DETAILS THAT MAY ACCURATELY DESCRIBE THE ACTIVITY. If the space provided is insufficient, please attach a separate sheet. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

APPROXIMATE SQUARE FOOTAGE \_\_\_\_\_ # OF EMPLOYEES \_\_\_\_\_ HOURS \_\_\_\_\_

HAS THERE BEEN A CHANGE IN ANY GOODS OR MATERIALS BEING SOLD, DISPLAYED, STORED, PROCESSED OR MANUFACTURED AT THIS ADDRESS? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE EXPLAIN \_\_\_\_\_

IS THERE A CHANGE IN THE DELIVERY OF ANY GOODS BEING MADE TO THE PREMISES? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE EXPLAIN: \_\_\_\_\_

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WILL THE NEW USE REQUIRE NEED OF ELECTRICAL OR MECHANICAL EQUIPMENT THAT WOULD CHANGE THE FIRE RATING OF THE STRUCTURE? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, PLEASE EXPLAIN: \_\_\_\_\_

DO YOU ANTICIPATE ANY INTERIOR MODIFICATIONS TO THE STRUCTURE? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, PLEASE EXPLAIN: \_\_\_\_\_

DO YOU ANTICIPATE THE NEED FOR OUTSIDE STORAGE? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, PLEASE GIVE DETAILS OF STORED MATERIALS, SCREENING AND SIZE (must be shown on site plan): \_\_\_\_\_

WILL THE NEW USE INVOLVE HAZARDOUS CHEMICALS? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, DESCRIBE TYPE, LOCATION OF STORAGE ON SITE PLAN AND ATTACH STATE LICENSES OR PERMITS.  
\_\_\_\_\_

**IF THERE ARE CHANGES IN USE: THE FOLLOWING MUST BE PROVIDED WITH THE RENEWAL APPLICATION**

1. One sketch plan, drawn to scale, showing property lines; building/business footprints; sidewalks, driveways, and parking areas; location of proposed activity on the property; and other salient features.
2. Copies of any required state licenses.
3. Plan of any proposed signage, dimensions and location. (new signage will require a building permit)

**PLEASE NOTE:**

Additional permits and inspections may be required before issuance of a renewal for a business license.

FAILURE TO PROVIDE TRUE AND ACCURATE INFORMATION ON THIS APPLICATION SHALL CONSTITUTE SUFFICIENT GROUNDS TO DENY APPLICATION.

APPLICANT'S ENDORSEMENT:

All of the information contained herein is true and accurate to the best of my knowledge. I understand that my application will not be reviewed unless all information in this application and the Zoning Ordinance has been submitted.

\_\_\_\_\_  
Signature of applicant(s) \_\_\_\_\_  
Date

**Return Completed Application with fee to: Williamstown Township 4990 Zimmer Rd. Williamston, MI 48895**

BUILDING INSPECTION NEEDED _____	DATE _____
OCCUPANCY PERMIT REQUIRED _____	DATE _____
COMPLIANCE WITH ZONING ORDINANCE _____	DATE _____
AUTHORIZED SIGNATURE _____	DATE _____
PERSONAL PROPERTY TAXES CURRENT _____	DATE _____