CITY OF SYLVAN LAKE
2010 BUSINESS LICENSE APPLICATION

1820 Inverness
Sylvan Lake, MI 48320
(248) 682-1440 Fax (248) 682-7721

LICENSE NUMBER_____

License Fee: $25.00
License Fee after 01/15/10 $50.00

Business Name: _____

Address: _____

Mailing Address (If different from business address):_____

E-Mail Address_____

Business Telephone: _____Hours:_____

Describe Business Type:_____

Owner s Name: _____ Home Phone:_____

Cell:_____E-Mail address_____

Owner s Home Address:_____

Owner s Drivers License Number_____

Manager s Name: _____

Home_____

Phone:_____Cell:_____

Manager s Drivers License Number:_____

PLEASE SUPPLY THE FOLLOWING INFORMATION:

1. Is there an alarm system on premises: Yes_____ No_____Will it contact: Fire_____ Police_____
2. Alarm Company Name: _____Phone Number:_____
3. Emergency Phone Number (after hours):_____

ByBy my signature below I do hereby certify that all of the above information is true andBy my signature below I do hereby certify andand further understand and represent that if any changes to the above informand further understand and represent that if any suppliedsupplied to the City immediately. Isupplied to the City immediately. I furthersupplied to the City immediately. I further un immediate termination of said license.

_____ _____
Applicant s Signature Date

CITY USE ONLY

Zoning Classification_____Approved_____Date_____