



CITY OF MUSKEGON
BUSINESS REGISTRATION APPLICATION
\$40.00 REGISTRATION FEE

Enclose the Fire Safety Audit Worksheet with the application. If you are non-profit, please enclose a copy of your Non-Profit Status for waiver of fee. Return all correspondence to Clerk Office, 933 Terrace St., Muskegon MI 49440.

PLEASE TYPE OR PRINT -FOR QUESTIONS CALL; (231) 724-6705

BUSINESS NAME:		Check one box only: <input type="checkbox"/> Individual <input type="checkbox"/> Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> Government <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Single Member LLC *	
COMPLETE COMPANY NAME:			
TYPE OF BUSINESS CONDUCTED:			
FEIN#	HOURS OF OPERATION:	NUMBER OF EMPLOYEES:	
BUSINESS PHONE:		START-UP-DATE:	
MAILING ADDRESS (for renewal and correspondence):			
Number and Street:			
City, State, Zip:			
PHYSICAL ADDRESS OF BUSINESS IN MUSKEGON:			
Number and Street:			
City, State, Zip:			
OWNER/MANAGER:		TITLE:	
EMAIL:			
RESIDENCE ADDRESS:		HOME TELEPHONE:	
Number and Street:		BUSINESS TELEPHONE:	
City, State, Zip:			
EMERGENCY CONTACT:			
Name:			
Address:		Phone:	

I certify that the above information is correct to the best of my knowledge.

Signature of Applicant

Date