

**CITY OF BIG RAPIDS LICENSE APPLICATION**

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Name of Individual or Firm \_\_\_\_\_ Business Location \_\_\_\_\_

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Mailing Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Telephone Number and Area Code of Business \_\_\_\_\_ Local Telephone No. \_\_\_\_\_

If a partnership, firm or corporation, give name of partner or officers

\_\_\_\_\_

\_\_\_\_\_

What are you selling or your type of business \_\_\_\_\_

Length of time business will be conducted within the City \_\_\_\_\_

The nature and character of advertising to be done in order to attract customers

\_\_\_\_\_

Whether or not the applicant or person conducting or managing applicants business has been convicted of a crime, misdemeanor or the violation of any municipal ordinance, YES \_\_\_ NO \_\_\_, and if so, particulars in connection therewith;

\_\_\_\_\_

Is State Sales Tax License required? YES \_\_\_ NO \_\_\_  
State Sales Tax License Number \_\_\_\_\_

I understand this license may be refused or revoked at any time, for any of the following causes:

- a) Fraud, misrepresentation or false statement contained in the application for license.
- b) Fraud, misrepresentation or false statement made in the operation of a business.
- c) Any violation of the City.
- d) Conducting a business in an unlawful manner or in such manner as to constitute a breach of the peace or to constitute a menace to the health, morals, safety or welfare of the public.

e) The failure or inability of an applicant to meet and satisfy the requirements and provisions of this code.

I hereby swear or affirm that I am authorized to make transactions for the firm or individual named; that I am at least eighteen years of age; that I am fully aware of the duties and obligations of persons engaged in the business indicated above and agree to comply with the State Laws, City Charter, City Ordinances and such rules and regulations as may now or hereafter be in effect, relating to the operation of said business, and the statements contained in this application are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of person making application

\_\_\_\_\_  
Residence Address

Subscribed and sworn to before me, a Notary Public in and for Mecosta County, Michigan  
this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
Commission Expires \_\_\_\_\_