



# LINCOLN CHARTER TOWNSHIP

## Business License Application

Reference Municode Chapter 20

### Business Information:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip : \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Mailing Address (if different)

### Contact Information:

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

**Please indicate below:**

- Individual Applicant,
- Partnership Applicant,
- Corporation Applicant,
- LLC Applicant,

**List selected applicant information:**

Owner/s \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State \_\_\_\_\_  
 Phone: \_\_\_\_\_

List the applicant's State or Federal Tax ID Number: \_\_\_\_\_  
 Parcel Number: \_\_\_\_\_

*Additional information may be required; Lincoln Charter Township will contact you.*

**Please select on from below that applies to your business:**

- Home Based or up to 400 square feet of office space.....\$25.00
- Residential Group Home .....\$35.00
- 401 square feet - 3,000 square feet.....\$65.00
- 3,001 square feet - 6,000 square feet.....\$75.00
- 6,001 square feet - 10,000 square feet.....\$115.00
- 10,001 square feet - Above.....\$165.00
- Hotels/Motels Under 50 Rooms.....\$75.00
- Hotels/Motels Over 50 Rooms.....\$165.00

**Make check payable to Lincoln Charter Township. Mail check along with application to Lincoln Charter Township, PO Box 279, Stevensville, MI 49127.**

Applicant's signature verifying that any inaccurate or erroneous information on this application or failure to abide with any requirements of the Licensing Ordinance including any approved rules of operation, shall be grounds for revocation of the license:

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

