



City of Coopersville

289 Danforth Street ♦ Coopersville, MI 49404
 616-997-9731 Voice ♦ 616-997-6679 Fax

BUSINESS LICENSE APPLICATION CHAPTER 804

\$20.00 Application Fee

CHECK ONE

Individual	Partnership	Corporation

Business Name (DBA) _____ Business Phone # _____

Individual/Corporation/Partnership Name _____
 (If different from above)

Mailing Address _____
 Street or P.O. Box # _____ City, State _____ Zip _____

Business Street Location _____

Business Street Location is in: Residential Zone Commercial/Industrial Zone

Business Description _____

Business Type (SIC) Code _____ Email or Website: _____

Business Owner's Names, Addresses, and phone number: (List all owners/partners/officers; if more space is needed, attach list)

NAME	ADDRESS	PHONE #

Emergency Contacts: (This information will be shared with the Ottawa County 911 Dispatch)

NAME	ADDRESS	PHONE #

Approval (if applicable)

PLANNING	ZONING	BUILDING	ENVIRONMENTAL HEALTH	SHERIFF'S DEPARTMENT	FIRE DEPARTMENT

Print Applicant's Name _____ Title _____

Applicant's Signature _____ Date _____ Phone # _____

**MAKE CHECKS PAYABLE TO: CITY OF COOPERSVILLE
 289 DANFORTH STREET
 COOPERSVILLE, MI 49404**



Ottawa County Central Dispatch Authority

West Olive, MI 49460

Phone: (616)994-7800 Fax: (616)994-7801



BUSINESS EMERGENCY NOTIFICATION FORM

Business Name: _____ Business Type: _____

Address: _____ City: _____ Zip Code: _____

Business Phone #: _____ After hours Business Phone #: _____ Fax #: _____

Alarm Company: _____ Alarm Company Phone# _____

Business Owner: _____ Address: _____ Phone: _____

Key or Lock / Knox Box Location (If applicable): _____

Please list at least **three** people with your company who are in **possession of a key**, and are **able to respond** to the business in an emergency situation:

<u>Name</u>	<u>Home Phone</u>	<u>Cell phone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Remarks (list any additional information or hazards to police or fire personnel:

Please FAX TO: Deputy Val Beemer, Ottawa County Sheriff's Office, Coopersville., (616)997-8025