PLANNING

## City of Coopersville

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

**CHECK ONE** 

DEPARTMENT

**DEPARTMENT** 

Title\_\_\_\_

Date \_\_\_\_\_ Phone # \_\_\_\_

### **BUSINESS LICENSE APPLICATION CHAPTER 804**

\$50.00 App	lication Fee				Individual	Partne	ership	Corporation	
Business Name	(DBA)				Business Phon	ne #			
Individual/Corpe (If different from ab	oration/Partnerslove)	hip Name	·						
Mailing Address Street or P.O. Box #			City, State				Zip		
Business Street	Location								
Business Street Location is in: ☐ Residential Zone ☐ Commercial/Industrial Zone									
Business Descrip	ption								
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 Con	tacts: (This inform	ation will b	e shared	l with the Ottawa County 911 Dis	spatch)				
NAME			ADDRESS			PHONE #			
Approval (if app	olicable)								
DI ANNING	ZONING	DIME	NINC	ENVIRONMENTAL	SHERIFF	'S		FIRE	

Print Applicant's Name\_\_\_\_\_

ZONING

Applicant's Signature

BUILDING

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

**HEALTH** 



# Ottawa County Central Dispatch Authority

West Olive, MI 49460

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



### **BUSINESS EMERGENCY NOTIFICATION FORM**

Business Name:	Busi	Business Type:				
	City:					
Business Phone #:	AfterhoursBusinessPhone#:	Fax#:				
Alarm Company:	Alarm Company Phone#					
Business Owner:	Address:	Phone:				
Key or Lock / Knox Box Location	on (If applicable):					
Please list at least <b>three</b> peop to the business in an emerge	ole with your company who are in <b>possession</b> ncy situation:	of a key, and are able to respond				
<u>Name</u>	Home Phone	Cell phone				
1						
	nformation or hazards to police or fire person					
	va County Sheriff's Office, Coopersville., (616)					