



CITY OF CHEBOYGAN

P.O. Box 39 • 403 North Huron • Cheboygan, Michigan 49721 • 231-627-9931

www.cheboygan.org • TDD: 231-597-0315 • Fax Phone: 231-627-6351 • Department of Public Safety: 231-627-4321 • Crime Stoppers: 1-800-465-STOP

CITY OF CHEBOYGAN

BUSINESS LICENSE APPLICATION

FEE _____

Business Name _____

Mailing Address _____

Business Address _____

Business Phone # _____ Business Fax # _____

Description of Business _____

(Nature of business and/or good to be sold)

Nature and character of advertising done or
proposed to be done in order to attract customers _____

Length of time for which the right to do business is desired _____

***Please note: If a vehicle(s) is/are being used, provide a description of the same, together with the license or VIN number.

State Sales Tax # _____ FEIN# _____

State License # _____

-OVER-

MISSION STATEMENT

The Mission of the City of Cheboygan is to promote economic opportunity and enhance quality of life through innovative commitment of human and natural resources with continued planning, financial allocation, and implementation of goals by responsive staff, and elected and appointed officials.

The City of Cheboygan is an Equal Opportunity Provider and Employer.

CORPORATE OFFICE

Owner/Agent _____ Phone (Bus) _____

Phone (Res) _____

Owner/Agent _____ Phone (Bus) _____

Phone (Res) _____

Drivers License # _____ Date of Birth _____

Social Security # _____

Drivers License # _____ Date of Birth _____

Social Security # _____

Has applicant ever been convicted of any crime? Yes _____ No _____

If yes: Misdemeanor _____ Felony _____

Return this application with payment promptly.

I declare, under penalty of perjury, that the information contained in this application is true and correct.

Date _____ Signature _____

Title _____

EMERGENCY CONTACTS

Name _____ Phone _____

Name _____ Phone _____

CLOSED BUSINESS STATEMENT

If you are not conducting business in the City of Cheboygan, enter information in one of the following and return.

I sold my business to _____
(New Owner Name)

(New Business Address)

I closed my business. Date closed _____

Note: If you have opened a new business in Cheboygan, supply the requested information on the front of this form.

I declare under penalty of perjury, that the information above is true and correct.

Date _____ Signature _____

Title _____

Approved By: _____ Date _____
Thomas E. Eustice, City Manager

Kurt R. Jones, Chief of Police Date _____

Kenneth J. Kwiatkowski, Clerk/Treasurer Date _____

Denied By: _____ Date _____
Thomas E. Eustice, City Manager

Kurt R. Jones, Chief of Police Date _____

Kenneth J. Kwiatkowski, Clerk/Treasurer Date _____