

Village of Holly, Michigan

Karl Richter Center 300 East Street Holly MI 48442 (248) 634-9571

Business Registration Application

Business Information:

Business Name: _____

Address: _____ Suite: _____

Bus. Phone: _____ Fax: _____ E-Mail: _____

Description of Business: _____

Open Date (Subject to approval): _____ Non-Profit: Yes No

Number of Employees: Full Time _____ Part Time _____ # of Seats: _____

Hours of Operation: From _____ To _____ M T W T F S S

Ownership: Corporation Individual Partnership LLC Limited Partnership

Corporation Name: _____

State Tax ID: _____ Federal ID: _____

Value of Initial Stock and Equipment: \$ _____

Owner Information:

Name: _____ Title: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Driver's License #: _____

Name: _____ Title: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Driver's License #: _____

(USE BACK OF PAGE IF NEEDED)

Building Owner: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Emergency Contact Information (After Hours):

Name: _____ Phone: _____

Name: _____ Phone: _____

Alarm Company:

Name: _____ Phone: _____

Address: _____
STREET CITY STATE ZIP

List any Flammable or Toxic Materials Stored in Building: _____

Provide copies of any necessary paperwork for hazardous substances from any outside agencies.

**PROVIDE COPIES OF ANY OTHER LOCAL, STATE AND/OR FEDERAL
GOVERNMENTAL LICENSES NECESSARY TO CONDUCT YOUR BUSINESS**

Special Instructions for Police and Fire Departments: _____

Is there hard surface parking for this business? YES NO

Are you indebted to the Village for anything?

I hereby certify that I am the owner, or am authorized to act on behalf of the owner, of the above-described business. I further certify that to the best of my knowledge this is a true and correct application and understand the falsification of this application is cause for revocation or suspension of this license.

Signature & Title of Applicant

Date

Village Office Use Only

License Fee: \$ _____ Date Paid: _____ Date Issued: _____

Fee: \$50.00

Required Signatures:

Fire Dept.: _____ Date: _____

Police Chief: _____ Date: _____

Village Manager: _____ Date: _____

Building Inspector: _____ Date: _____

Village Clerk: _____ Date: _____

Village of Holly, Michigan

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Business Registration Application

Included: Application, Pre-Inspection Checklist, , Annual Registration Form, and Hazard Locator Card

Conditions for Approval:

When completing this application, please keep in mind that all new businesses **MUST** have their Business Registration approved by the Village **PRIOR** to opening.

Inspections of the building you are running your business from must be made by the Building Inspector and the Fire Marshal.

The Business License approval process is strictly utilized by the Village for registration purposes only. It is the responsibility of the business owner/operator to comply with all Federal, State and Local Laws, as they may apply

**YOUR OPENING MAY BE DELAYED WITHOUT
PROPER APPROVAL OF THE VILLAGE**

Fee: \$50.00

Businesses may not open to the public until the registration is approved and the registration fee paid.

Contact Numbers for Inspections:

Steve McGee, Building Official/Fire Chief	(248) 634-9571
Jeremy Watson, Building Inspector	(248) 634-9571
Jerry L. Walker, Village Manager	(248) 634-9571
Deborah J. Bigger, Village Clerk/Treasurer	(248) 634-9571

The parking area shall be provided with a durable and dustless surface and shall be graded and drained as to dispose of all water accumulated within the area.

The parking area shall be surfaced within one (1) year of occupancy of the use it is to serve if it is for new use, and within six (6) months if the parking area is to serve an existing use or uses.

Village of Holly, Michigan

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Annual Registration Form

Business Name: _____

Address: _____

Mailing Address: _____

Phone: _____ **E-Mail:** _____

Emergency Contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Nature of Business: _____

Ownership: Corporation Individual Partnership LLC Limited Partnership

Owner Information:

Name: _____ Phone: _____

Address: _____
STREET CITY STATE ZIP

Manager/Operator (if different from Owner)

Name: _____ Phone: _____

Address: _____
STREET CITY STATE ZIP

Hours of Operation: From _____ To _____ M T W T F S S

Are Flammable or Toxic materials stored in building? YES NO

If YES, what type or kind: _____

Provide copies of any necessary paperwork for hazardous substances from any outside agencies.

Any Special conditions or instructions for Police or Fire Departments: _____

PLEASE TURN OVER TO COMPLETE

This registration is in accordance with the Village of Holly Code of Ordinances and the standards and conditions as set forth in same. Business registration **is required annually**; there is **no charge** for this registration. Please return the completed form to:

Village of Holly
Karl Richter Center
300 East Street
Holly MI 48442
Fax: (248) 634-4211
www.hollyvillage.org
Email: dbigger@hollyvillage.org

Date: _____ **Signed:** _____

Title: _____

Village of Holly, Michigan

Karl Richter Center 300 East Street Holly MI 48442 (248) 634-9571

Security & Hazard Locator Card

COMMERCIAL-INDUSTRIAL-PUBLIC BUILDINGS-FACILITIES

Name: _____ Phone: _____

Address: _____
STREET CITY STATE ZIP

Nearest Intersection: _____

Type of Business: _____

Hours of Operation: From _____ To _____ M T W T F S S

Owner: _____ Bus. TX: _____ Home TX: _____

Manager: _____ Bus TX: _____ Home TX: _____

Other: _____ Bus TX: _____ Home TX: _____

Emergency After Hours Contacts

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Night Alarm: YES NO

Alarm Company: _____

Night Lights: YES NO Motion Activated: YES NO

Safety and Security History/Hazard

Date	Description
_____	_____
_____	_____
_____	_____
_____	_____