



Town of Grand Rapids

Business Licenses Application

Application Fee \$50

Relocation Fee \$50

FOR OFFICE USE ONLY

Date Received:	Date Paid:	Parcel #:	License #:
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BUSINESS INFORMATION

Business Name:	Please Check One: <input type="checkbox"/> New Business <input type="checkbox"/> New Owner <input type="checkbox"/> Name Change <input type="checkbox"/> Location Change		
Business Address, City State, and Zip:		Business Phone:	
Type of Business:	Number of Employees:	Opening Date:	

APPLICANT INFORMATION

Owner Name:	Owner Phone:	Secondary Phone:
Owner Address:		Owner Email:
Additional Contact Name:		Additional Contact Phone:

BUILDING INFORMATION

Building Owner Name:	Building Owner Address, City, State, and Zip:	
Building Owner Phone:	Building Owner Email:	Is the Property Currently Vacant (Y/N):
Are there any Improvements to the existing Property? (If yes, please explain)		

I understand that I am subject to all applicable codes, statutes and ordinances and with the conditions of this license; understand that the issuance of a Business License creates no legal liability, express or implied, on the state or municipality; and certify that the above information is accurate. By my signature below, I indemnify and hold harmless the Town, its officers and employees, and indemnify the Town, its officers and employees for any claims for damage to property or injury to persons which may be occasioned by any activity carried on under the terms of this license. I understand that a background check may be conducted by the Town's officers or employees to verify the accuracy of statements made in this application. I expressly grant the Town, or the Town's authorized agent, permission to inspect the business for which this license is sought at all reasonable hours and for any proper purpose to inspect the premises for compliance with the applicable ordinances. I understand that this license may be suspended or revoked by the Town upon its finding that the terms of Town Ordinances or this license have been violated.

Applicant (Sign): _____ Print: _____ Date: _____

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Building Inspector Review (Yes/No):	Date of Completion:	Approved (Yes/No):
Fire Inspector Review (Yes/No):	Date of Completion:	Approved (Yes/No):
Zoning Admin. Review (Yes/No)	Date of Completion:	Approved (Yes/No):

Existing Buildings

Fire Department & Building Inspector

Review & Recommendation

Existing Building Use: _____

Proposed Building Use: _____

Is this a change of occupancy? Yes ☐ No ☐

- ☐ Assembly A-1, A-2, A-3, A-4, or A-5
- ☐ Business Group B
- ☐ Educational Group
- ☐ Factory and Industrial Group F-1 or F-2
- ☐ High Hazard Group H-1, H-2, H-3, H-4, H-5
- ☐ Institutional Group I-1, I-2, I-3, or I-4
- ☐ Mercantile Group M
- ☐ Residential Group R-1, R-2, R-3, or R-4
- ☐ Storage Group S-1 or S-2
- ☐ Utility and Miscellaneous Group U

FIRE DEPARTMENT

Position Statement:

Fire Inspector Name:

Date of Inspection:

BUILDING INSPECTION

Position Statement:

Building Inspector Name:

Date of Inspection: