

**CHARTER TOWNSHIP OF LANSING  
3209 WEST MICHIGAN AVENUE  
LANSING, MI 48917  
Phone: (517) 485-4063  
Fax: (517) 485-3276**

**APPLICATION FOR A BUSINESS LICENSE  
(Ordinance 68 Requires All Businesses to be Licensed)**

**Please Fill in Completely:**

**NAME OF BUSINESS** \_\_\_\_\_

**ADDRESS OF BUSINESS** \_\_\_\_\_

**PHONE NUMBER OF BUSINESS** \_\_\_\_\_

**OWNER OF BUSINESS** \_\_\_\_\_

**ADDRESS OF OWNER** \_\_\_\_\_

**PHONE NUMBER OF OWNER** \_\_\_\_\_

**DETAILED DESCRIPTION OF BUSINESS** \_\_\_\_\_

\_\_\_\_\_

**DATE BUSINESS ESTABLISHED (in Township) (month/year)** \_\_\_\_\_

**Please return within 10 days to Township Clerk with \$65.00 fee.**

\_\_\_\_\_  
**Signature of Business Owner**

\_\_\_\_\_  
**Please Print Name Above**

**Date:** \_\_\_\_\_

For Township Use Only:	
Application Approved _____ (Township Clerk)	
Application Received: _____	Date Approved: _____
Check No. _____	Certificate of Occupancy # _____
Zoning of Property: _____	