



www.cityofvassar.org

287 E. Huron Avenue  
Vassar, MI 48768

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

Business License No.  
\_\_\_\_\_

Please provide the year your business was established: \_\_\_\_\_

Please provide at least two (2) emergency contact names/numbers:  
\_\_\_\_\_  
\_\_\_\_\_

New License   
Renewal  July 1<sup>st</sup> of each year

No License Fee is required

Licensing Agent: Vassar City Clerk

APPLICATION FOR BUSINESS IN CITY OF VASSAR

Business Name:

Phone:

Address:

Vassar, Michigan 48768

Owners Name:

Phone:

Address:

Managers Name:

Phone:

Address:

Type of Business:

State Tax License Number:

Status of occupancy of business owner: Deed Holder  Land Contract Purchaser  Tenant

Are there companies doing business from your address under lease, sublease, or concession?  
(if yes, attach a rider to this application giving names & addresses of such parties)

Yes  No

Website Address:

Email Address:

Daily Hours of operation /  
Days per week of operation

Mon:  
Thurs.  
Sun.

Tues.  
Fri.

Wed.  
Sat.

Duration of operation (seasonal / year around)

Number of employees:

Zoning Classification of property:  Residential / Home Occupation  Business  Industrial

Amount of off street parking with square footage:

Type of private security, if any

BUILDING INFORMATION

Alarm Company Name:

Alarm Company Phone:

Type of Alarms on Premises:

Do you have a safe/vault on premises?
Is the safe/vault visible from the outside?
Are there hazardous materials on the premises that the Fire Department needs to be aware of? If there are hazardous materials on the premises, then please attach a detailed list.
Is there a sprinkler system?

I, _____ Name	_____ Position
As the owner of the above said business making application for this registration or an authorized representative of such business, and depose and say that I have read the foregoing application and know the contents thereof, and that the same is true to the best of my knowledge. I further understand that this City of Vassar Business License must be renewed as of July 1 <sup>st</sup> annually.	
Building / Zoning Authorized Signature	Date
Assessing Department Authorized Signature	Date
Police Department Authorized Signature	Date
Fire Department Authorized Signature	Date

LICENSE IS NON-TRANSFERRABLE

Chapter 14 Businesses – Article II Licenses – Sec. 14

please review the ordinance in its entirety online @ [www.cityofvassar.org](http://www.cityofvassar.org)