



New/Renewal Business Registration

1725 Territorial Rd.
Benton Harbor, MI 49022
Tel: (269) 925-0616
Fax: (269) 925-7134
www.bentonchartertwp.org

Name of New Business: _____

Address: _____ Phone: _____

Business Owner Name: _____

Address: _____ Phone: _____

Name of Property Owner: _____ Phone: _____

Status of Occupancy (deed owner, land contract, tenant): _____
(if tenant please provide copy of lease)

Type of Business: _____
(please attach letter explaining nature of business)

Days/Hours of Operation: _____

Number of Employees: _____ Duration: Seasonal / Year-Round (circle one)

Property Zoned: _____ Sq. Ft. of Building: _____

Size of Lot: _____ # of Off-Street Parking Spaces: _____

Type of Fire Protection: _____ Type of Security Protection: _____

Please Include Certificate of Liability Insurance.

I HEREBY SUBMIT THIS BUSINESS REGISTRATION FORM AND ACKNOWLEDGE THE ABOVE INFORMATION TO BE ACCURATE TO THE BEST OF MY KNOWLEDGE.

Date

Signature of Business Owner or Representative

FOR OFFICE USE ONLY	
REGISTRATION FEE: \$	
TOWNSHIP CLERK APPROVAL:	DATE:
BUILDING DEPARTMENT APPROVAL:	DATE:
POLICE DEPARTMENT APPROVAL:	DATE:
FIRE DEPARTMENT APPROVAL:	DATE:
TOWNSHIP BOARD APPROVAL (IF APPLICABLE):	DATE:

Date Business Registration Form Received: _____