



2020

VILLAGE OF BIRCH RUN & BIRCH RUN TOWNSHIP
BUSINESS LICENSE/ALARM PERMIT APPLICATION



License and Alarm Permits must be renewed on or before December 31, 2019.
Expired licenses and permits require New License Application and Fee.

Business License Ordinance No. 5-82, Section 4, as amended, states: "No person may commence or continue a business, as herein defined, within the Village without having first obtained the Village license therefore as hereinafter provided and without maintaining such license in current effect during any business operation or activity. Copy of ordinance is available upon request.

Local Business Name _____

Local Address _____ P.O. Box _____

Suite # _____ Type of Business _____

Local Phone () _____ Local Contact: _____

Corporate Name _____

Address _____ P.O. Box _____

City _____ State _____ Zip _____

Corporate Contact & Phone: _____

Corporate Contact Email: _____

Send future renewals to: [] Local Business [] Corporate Address (Attn: _____)

Type of license/permit requested. Check one:

[] New Business License with Alarm Permit \$185.00

[] New Business License (no alarm) \$135.00

Remit payment to: Village of Birch Run
12060 Heath Street
PO Box 371
Birch Run, MI 48415

Alarm Ordinance #3-90 requires annual licensing of Alarm Systems in the Village of Birch Run and prescribes fines for false alarm violations. The cost of false alarms after three in a calendar year is billed to you as provided in ordinance 17.010, section b. Copy of ordinance is available upon request.

I, as owner/manager of the above described business, have read this application and agree to abide by the ordinances adopted by Birch Run Township and the Village of Birch Run.

PRINT NAME

SIGNATURE / DATE

Office Use Only

Date Received _____ Fee Paid \$ _____

Method of payment: Check # _____ CC _____ Cash _____ Initials _____

Business Group _____ License # _____



12060 Heath Street
PO Box 371
Birch Run, MI 48415
Phone: 989-624-5711
Fax: 989-624-9681

EMERGENCY CONTACT AND ALARM SYSTEM INFORMATION

Please update the emergency contact and alarm system information for our Police Department. Even if nothing has changed from last year, please fill in the information below. Thank you.

24 HOUR EMERGENCY CONTACT INFORMATION

Store Name: _____

Emergency Contact Name: _____

Emergency Contact Title: _____

Contact Phone: _____

Backup Emergency Contact Name: _____

Backup Emergency Contact Title: _____

Contact Phone: _____

ALARM SYSTEM INFORMATION*

Store Name: _____

Store Phone: _____

Property Owner: _____ Phone: _____

Alarm Company Name: _____

Alarm Company Phone: _____

Do you have exterior security cameras at your business? Yes No

**For those businesses within Premium Outlets, please confirm that the address your alarm company has listed for your business is your physical address and not the mall office.*

PRINT NAME

SIGNATURE / DATE