



Birch Run Township

8425 Main Street • P.O. Box 152 • Birch Run, MI 48415

Phone: (989) 624-9773 • Fax: (989) 624-1177

Official Use Only:

License #: _____ Date Received: _____

Birch Run Township Business License & Alarm Permit Application

Local Business Name: _____

Local Business Address: _____

Local Business Phone: _____

Billing/Mailing Address: _____

Business Owner: _____

Business Owner Address/Phone: _____

Local Contact Person: _____

Local Contact Person Phone: _____

License Type:

___ New License & Permit: \$60.00

___ Yearly Renewal: \$40.00

___ Information Change

Type of Alarm (check if applicable):

___ Burglar Alarm

___ Fire Alarm

___ Other / Burglar & Fire: _____

Nature of Business: _____

Daily Hours of Operation: _____

Number of Employees: _____

Status of Occupancy of Owner (check one): ___ Owner ___ Tenant

Duration of Annual Operation: (check one): ___ Year-Round ___ Seasonal

Zoning Classification: _____ Date of Business Commencement: _____

Signature

Date

Printed Name

Title

Mail check and application to: BIRCH RUN TOWNSHIP, PO Box 152, Birch Run, MI 48415

PLEASE FILL OUT BACK OF APPLICATION

Birch Run Township is in the process of updating property owner / alarm code list for our Fire Inspector. Even if nothing has changed from last year, please fill in the information below. Thank you.

Requestor Information:

Store Name: _____

Store Phone: _____

Alarm Company Information:

Alarm Company Name: _____

Alarm Company Address: _____

Alarm Company Phone: _____

Property / Building Owner Information (if different than requestor):

Business Name (if commercial): _____

Individual Name: _____

Address: _____

Phone Number: _____

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

**LOCAL 24-HOUR CONTACT INFORMATION
(USED FOR EMERGENCIES)**

Emergency Contact Name: _____

Emergency Contact Title: _____

Contact Phone: _____

Alternate Phone: _____

Backup Emergency Contact Name: _____

Backup Emergency Contact Title: _____

Contact Phone: _____

Alternate Phone: _____

I have carefully read a copy of the Birch Run Township Ordinance #2008-02 and am signing this application with full knowledge and understanding of the provisions of the ordinance and my duties and liabilities under the ordinance. I consent to the Police and/or Fire Department(s) disabling or disconnecting a local alarm under the circumstances described in the "Shut-off of local alarms" in Section 8 of the ordinance.

Signature of Requestor

Date