

# City of Harbor Springs

160 Zoll Street \* Post Office Box 678  
Harbor Springs, Michigan 49740-0678  
Phone: (231) 526-2104 Fax: (231) 526-6865  
www.cityofharborsprings.com

## APPLICATION FOR MERCHANTS LICENSE

### FEE REQUIRED:

First year Merchants License	<b>\$100.00</b>
Merchants License renewal	<b>\$25.00</b>

Legal name of business \_\_\_\_\_

Business location \_\_\_\_\_

Name of owner \_\_\_\_\_

Local address of owner \_\_\_\_\_

Permanent address of owner \_\_\_\_\_

Phone number of owner \_\_\_\_\_

Type of merchandise, goods or services being sold \_\_\_\_\_

Will your furniture, fixtures and equipment be here year-round? \_\_\_\_\_

If your operation requires any State or Federal license, please attach a copy.

Have you received zoning approval for this business? If yes attach a copy of the approval.

Owner's signature \_\_\_\_\_

### PLEASE RETURN WITH THE APPROPRIATE FEE TO:

Zoning Administrator, City of Harbor Springs, P.O. Box 678, Harbor Springs, MI 49740

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#### OFFICE USE ONLY

Amount Paid: \_\_\_\_\_

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

Received by \_\_\_\_\_

Approved by \_\_\_\_\_