



CASCADE CHARTER TOWNSHIP

5920 Tahoe Drive SE • Grand Rapids, MI 49546

Hotel Business License Application

Transfer of Hotel Business License Application

Transfer of Hotel Business License is allowed with the continuation of the approved Plan of Operation. If material changes to the documents submitted to obtain the Township Hotel License change, the applicant has the sole responsibility to contact the Township and resubmit for approval of the modified plans. In this case, the individual seeking a new license must submit a new application.

A. Property Information

Hotel Name: _____ License Number: _____

Address: _____

B. Applicant Information

1. Current License Holder

Identify the person or organization currently holding the annual Business License:

Name: _____ Title: _____

Organization: _____ Cell Phone: _____

Mailing Address: _____ Business Phone: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

2. New License Holder

Identify the person or organization that requests the annual Business License.

Name: _____ Title: _____

Organization: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

3. Business Information

Identify the person or organization that owns the subject business:

Name: _____ Title: _____

Sales Tax Number: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

E-Mail: _____



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4. Agent

If different from above, identify the person representing the property owner or applicant in this matter:

Name: _____ Title: _____
Organization: _____ Cell Phone: _____
City: _____ State: _____ Zip: _____
E-Mail: _____

5. Onsite Inspection Contact

If different from above, identify the person representing the property owner or applicant in this matter:

Name: _____ Title: _____
Organization: _____ Cell Phone: _____
City: _____ State: _____ Zip: _____
E-Mail: _____

6. Account Records Contact

If different from above, identify the person representing the property owner or applicant in this matter:

Name: _____ Title: _____
Organization: _____ Cell Phone: _____
City: _____ State: _____ Zip: _____
E-Mail: _____

C. Supplementary Documents

Provide the following documents.

- Extended Stay Documents (if applicable)
Approved Fire Inspection Report
Property Maintenance Report
Property Interest Documentation
Tax Certification
Certificate of Liability Insurance
Kent County Health Department Food License
Emergency Contact Form
Federal ID
Sales Tax License
Hotel Emergency Contact Form

D. Submission Requirements and Fee

Submit one (1) hard copy to Township Hall and one (1) digital copy:

5920 Tahoe Dr. SE
Grand Rapids, MI 49546

Please see the Hotel Licensing Fee schedule for payment amount. You may pay by:

- Cash: In person at Township Hall
Check: In Person at Township Hall or by mail
Credit/Debit Card: In person or by phone



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E. Signatures

The current license holder must read the following statement carefully and sign below:

The undersigned requests that Cascade Charter Township transfer the previously approved Hotel Business License.

License Holder Name (printed)

License Holder Signature

Date

The Applicant must read the following statement carefully and sign below:

The undersigned requests that Cascade Charter Township review this application and related required documents as provided in the Cascade Charter Township Ordinance to Regulate the Licensing of Hotels. The applicant further affirms and acknowledges the following:

- That the applicant has a legal interest in the property described in this application.
- That the answers and statements contained in this application and enclosures are in all respects true and correct to the best of his, her or their knowledge.
- That the approval of this application does not relieve the undersigned from compliance with all other codes or statutes.
- That the applicant will comply with any and all previous conditions imposed in granting the approval of this application.
- That the applicant permits free access to the Building Official, fire Chief, Township Manager and Code Enforcement Officer at all reasonable times.
- I (we) the undersigned certify that the information contained on this application form and the required documents attached hereto are to the best of my (our) knowledge true and accurate. I (we) also agree to reimburse the Cascade Charter Township for all costs, including consultant costs, to review this request in a timely manner. I (we) understand that these costs may also include administrative reviews which may occur after the Township has taken action on my (our) request.*

Applicant Name (printed)

Applicant Signature

Date



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If the applicant is not the property owner, the property owner must read and sign below:
The undersigned affirms and acknowledges that he, she or they are the owner(s) of the property described in this application, and:

- Is/are aware of the contents of this application and related enclosures.
- Authorizes the applicant to submit this application and represent the undersigned in the matter being reviewed the Cascade Charter Township.
- That the property owner permits free access to the Building Official, fire Chief, Township Manager and Code Enforcement Officer at all reasonable times.

Property Owner Name (printed)

Property Owner Signature

Date

Office Use Only

Case #: _____ Date Received: _____

Missing Items Request: _____ Date Complete: _____

Received by: _____

Fee: _____ Receipt Number: _____