



CASCADE CHARTER TOWNSHIP

5920 Tahoe Drive SE • Grand Rapids, MI 49546

Hotel Business License Application

Hotel Business License Application

New

Renewal

A. Property Information

Address: _____ Zoning: _____

Parcel Number: _____ Acres: _____ New Construction: Yes No

B. Applicant Information

1. Applicant

Identify the person or organization requesting the Business License:

Name: _____ Title: _____

Organization: _____ Cell Phone: _____

Mailing Address: _____ Business Phone: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

2. Property Owner (if different from the applicant)

Identify the person or organization that owns the subject property.

Name: _____ Title: _____

Address: _____ 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: _____

Address: _____ State: _____ Zip: _____

E-Mail: _____

4. Agent

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

Name: _____ Title: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

E-Mail: _____



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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: _____
Address: _____ 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: _____
Address: _____ State: _____ Zip: _____
E-Mail: _____

C. Supplementary Documents

Documents shall be submitted in the order provided and consistent with the requirements of the Hotel License Administrative Policy.

- | | |
|--|---|
| <input type="checkbox"/> Plan of Operation | <input type="checkbox"/> Certificate of Liability Insurance |
| <input type="checkbox"/> Extended Stay Documents (004,005) | <input type="checkbox"/> Kent County Health Department Food License |
| <input type="checkbox"/> Zoning Compliance Form (010) | <input type="checkbox"/> Hotel Emergency Contact Form (003) |
| <input type="checkbox"/> Approved Fire Inspection Report (007) | <input type="checkbox"/> Federal ID |
| <input type="checkbox"/> Approved Property Maintenance Report | <input type="checkbox"/> Sales Tax License |
| <input type="checkbox"/> Approved Safety Report (008) | <input type="checkbox"/> Tax Certification |
| <input type="checkbox"/> Property Interest Documentation | |

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 can 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 applicant must read the following statement carefully and sign below:

The undersigned requests that Cascade Charter Township review this application and related documents for compliance with the Cascade Charter Township Ordinance to Regulate the Licensing of Hotels.

(Ordinance 24-4) The applicant further affirms and acknowledges the following:

- That the operation will not accommodate temporary residence for stays longer than 30 days
**If this box is not checked, please submit the Extended Stay Hotel Supplementary Application*
- 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 their knowledge.
- That the applicant has read and understood the penalties for violations laid out in Section 230-8 of Ordinance 24-4.
- That the approval of this application does not relieve the undersigned from compliance with all other codes or statutes.
- That the applicant permits free access to the Building Official, Fire Chief, Township Manager and Code Enforcement Officer at all reasonable times.
- That the applicant will comply with any and all conditions imposed in granting approval of this application.
- Understands that no licensee may knowingly permit any accommodations and/or other locations on premise to be used for unlawful purposes.
- 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 to represent the undersigned in the matter being reviewed by 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: _____