



Birch Run Township

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

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

Office Use Only:

License #: _____

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:

Type of Alarm (check one if applicable):

New License & Permit: \$50.00

Burglar Alarm

Yearly Renewal: \$30.00

Fire Alarm

Information Change

Other: _____

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): Owner Tenant

Date of Business Commencement: _____

Signature

Date

Printed Name

Title

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

**FOR ALARM PERMITS: PLEASE FILL OUT
BACK OF APPLICATION**

Birch Run Township is in the process of updating an 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 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 Alarm Permit Requestor

Date