



# Birch Run Township

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

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

## Birch Run Township Business License & Alarm Permit Application

Office Use Only:

License #: \_\_\_\_\_

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