



Inspections Department

Building Official

PORT OF OPPORTUNITIES

# Application for Nightclub License

City of Benton Harbor

Printed Name of **Company** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Telephone \_\_\_\_\_  
Fed. E.I.N. \_\_\_\_\_ Db a \_\_\_\_\_

Attach copies of all applicable State or County Registrations or Licenses held by this business

Printed Name of **Applicant/Agent**\* \_\_\_\_\_ Type of Picture \_\_\_\_\_  
ID \_\_\_\_\_  
Driver License or photo ID Number \_\_\_\_\_ State Issued \_\_\_\_\_  
Permanent Home Address \_\_\_\_\_  
City \_\_\_\_\_  
State: **MI** \* Contact Phone Number \_\_\_\_\_ Today's Date \_\_\_\_\_  
Applicant/Agent email address \_\_\_\_\_

An application will be refused if the applicant, agent, or business entity has any unpaid taxes, fees, or penalties with the City of Benton Harbor.

*A valid Michigan driver's license, passport, or Michigan issued photo ID must be presented at the time of application. A permanent copy of this form of identification will be retained by the City of Benton Harbor.*

**I hereby certify that the above information is true and correct. I understand that any false statement may result in refusal to issue the requested license. Signature** \_\_\_\_\_

*A separate license is required to provide or sell alcoholic beverages.*

*Will alcoholic beverages be provided or sold? \_\_\_Yes \_\_\_No Will tobacco products be provided or sold? \_\_\_Yes \_\_\_No*

*If serving or preparing food, provide a copy of the Berrien County Health Department Permit*

*A valid driver's license, passport, or State issued photo ID must be presented at the time of application. A permanent copy of this form of identification will be retained by the City of Benton Harbor.*

**I hereby certify that the above information is true and correct. I understand that any false statement may result in refusal to issue the requested license. Signature** \_\_\_\_\_

Office Use Only Below

Health Dept. License  Y  N  NA Copy of ID  Tax Owed Verify  ok  
Information received and verified by \_\_\_\_\_ Date \_\_\_\_\_  
\$500.00 License Fee Paid \_\_\_ Yes \_\_\_ No ck# \_\_\_\_\_ \$ 250 Renewal Fee Paid \_\_\_ Yes \_\_\_ No  
ck# \_\_\_\_\_

\_\_\_\_\_  
Dir. Of Public Safety Approval

\_\_\_\_\_  
Building Official Approval

When signed by both department heads this application becomes the Nightclub License. This License expires at 12:00 a.m. on **January 1, 2017.**

\*Applicant or agent must have a valid Michigan address. Post Office Box is not acceptable.