

Threeriversmi.org
City of Three Rivers, Michigan
Application for Temporary Business

Date: _____

Business Name: _____

Business Address: _____

Nonprofit Organization & Contact Information (if applicable):

501C3 Number (if applicable): _____

Address Location of Proposed Temporary Business Site:

Name, Address, and Telephone Number of Property Owner:

Type of Business / Description of Activity: _____

Name, Address, Telephone Number of Person in Charge at Company Level:

Name, Local Address, Telephone Number of Person in Charge on Site:

Dates You Plan to be Open for Business: _____

Fee Schedule:

First 72 Hours	\$25.00
One Week	\$50.00
Thirty Days	\$100.00
Six Months	\$300.00
One Year	\$450.00

No fee is charged for nonprofit organizations.

Name of Applicant

Signature of Applicant

Check List

You will need to provide a drawing showing the location of the lot to be used, where on the lot the business would be situated, ingress / egress to the lot, parking, and sanitation facilities or distance to them. If a tent, canopy, or other structure is used, a full site plan review will be necessary.

1. Statement or initial approval from property owner indicating that the company / organization has permission to use the property on the dates indicated.
2. Statement or initial approval from the zoning administrator that zoning requirements have been met.
3. Statement or initial approval from the building inspector that the site plan is satisfactory to include sanitation.
4. Statement or initial approval from the Police Department that the plan would not obstruct traffic; and that the business as well as the people conducting the business meets with their approval.
5. Statement or initial approval from the Fire Department that fire safety requirements have been met.
6. Statement or initial approval from the Health Department if there is any food involved with this activity.

Approval of Property Owner _____

Approval of Zoning Administration _____

Approval of Building Inspector _____

Approval of Police Department for Traffic and Record Check of People Scheduled to Work _____

Approval of Fire Department _____

Attach approval from the Health Department if any food is involved with this activity.