



City of Reading • 113 S. Main St. • Reading, MI 49274 • (517) 283-2604

APPLICATION FOR LICENSE

Full Name: _____

Applicants Home Address: _____ PH# _____

Business Address: _____

Business Local Address: _____

Age of Application Occupation: _____

Name of Person Represented: _____

Address of Central or District office: _____

Period of Time for License requested: _____

Description of Article to be sold or offered for sale: _____

Description of the manner in which the business is to be carried on: _____

The value of all equipment, stock, goods or merchandise kept on hand for the purpose of conducting business of applicant: _____

Please include a copy of DBA license from County Treasurer, Sales Tax License from the State of Michigan, and Driver's License.



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No license shall be issued under this article except after a period of seven (7) days from the date of filing the application.

License fee: \$25.00 per year

Date/Time _____

Amount paid: _____ Cash: _____ Check# _____

Clerk's name: _____