

**PLAINFIELD CHARTER TOWNSHIP**

**Application for Licensing**

**SHORT TERM OPEN AIR BUSINESS**

This application must be filed with:

Plainfield Charter Township - Clerks Office  
6161 Belmont Avenue NE, Post Office Box 365  
Belmont, MI 49306-0365  
(616) 364-8466

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Dates of Operation – Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Type of Proposed Business: \_\_\_\_\_

Address of Location of Business: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Certification**

I hereby certify that I have read the regulations pertaining to Short Term Open Air Business: I understand these regulations; and I will operate my business in conformance with the regulations

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**Approvals:**

Date

Initials

Planning Director: \_\_\_\_\_

\_\_\_\_\_

Fire Department (if necessary): \_\_\_\_\_

\_\_\_\_\_

Township Board (if necessary): \_\_\_\_\_

\_\_\_\_\_

**Security Deposit: \$200.00 (refundable)**

Date received: \_\_\_\_\_ Initials: \_\_\_\_\_

Date returned: \_\_\_\_\_ Initials: \_\_\_\_\_

**Fee: \$30.00 for 1 - 14 Days; \$50.00 for 15 - 28 Days**

Date received: \_\_\_\_\_ Initials: \_\_\_\_\_

License number: \_\_\_\_\_ Date Issued: \_\_\_\_\_