



PROPERTY USE REGISTRATION

Please complete a separate registration form for each business.

This form is required per Village of Brooklyn Ordinance Chapter 22, Article III – Property Registration

Date: _____ Property Street Address: _____

Property Owner's Information:

Owner's Name: _____ Telephone #: _____

Mailing Address: _____ Email Address: _____

City/State/Zip: _____

Business Owner's Information (If different from above):

Owner's Name: _____ Telephone #: _____

Business Mailing Address: _____ Email Address: _____

City/State/Zip: _____

Emergency Contact Information (If different from above):

Name: _____ Cell Phone #: _____

Business Mailing Address: _____ Email Address: _____

City/State/Zip: _____

Business Information

Business Name: _____

Business Phone: _____ Business Website: _____

Building area: _____ Sq. Ft. # of employees: _____

Village of Brooklyn

121 N. Main St. • P.O. Box 90 • Brooklyn, MI • 49230
(517) 592-2591 • Fax: (517) 592-2277 • www.villageofbrooklyn.com

Brief Description of Nature of Business, Services, or Goods to be Sold:

Copy of business license submitted.

Copy of Valid Health Permit Issued by Jackson County Health Dept. (if applicable)

As the owner or authorized representative of said business making application for this registration, I have read the foregoing application and know the contents thereof, and that same is true to the best of my knowledge.

Name: _____ Telephone #: _____

Signature: _____ Email Address: _____

[If clarification is needed, a Village employee may contact the property or business owner/manager.]

Fee Paid: _____ Date Paid: _____ Issued by: _____

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