



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: _____

Business Information

Business Name: _____

Business Phone: _____ Business Website: _____

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

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

Property located within Corridor Improvement Authority District

Yes ☐

No ☐

Village of Brooklyn

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

Emergency Contact Information (If different from above):

Name: _____ Cell Phone #: _____

Name: _____ Cell Phone #: _____

Business Mailing Address: _____ Email Address: _____

City/State/Zip: _____

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]

Copy of business license submitted. ☐

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

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

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