

CHARTER TOWNSHIP OF FENTON

BUSINESS LICENSING

UPDATE FORM

TODAYS DATE: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMERGENCY CONTACT: _____

FAX: _____ E-MAIL: _____

BUSINESS TYPE: _____ NUMBER OF EMPLOYEES: _____

BUSINESS OWNER NAME(S): _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

HOME/CELL PHONE: _____

(URGENT OR EMERGENCY USE ONLY)

MANAGER NAME: _____

EMERGENCY CONTACTS & PHONE NUMBERS:

(BENEFICIAL IN AN URGENT OR EMERGENCY SITUATION)
