

PARCEL NUMBER: \_\_\_\_\_

## DORR TOWNSHIP NEW BUSINESS FORM

Please complete each section and return to the Township Assessor.

**Business Name:** \_\_\_\_\_

### Taxpayer's Information

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Check One Only:

\_\_\_\_\_ Sole Proprietorship

\_\_\_\_\_ Partnership

\_\_\_\_\_ Limited Liability Co.

\_\_\_\_\_ Corporation

MI ID#: \_\_\_\_\_

### Names of Owner(s) or Partners (If sole proprietorship or partnership)

Name(s): \_\_\_\_\_

### Location(s) of Personal Property

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

\_\_\_\_\_

### Date Business Began

At the above address

Date: \_\_\_\_\_

### Description of Taxpayer's Business Activity and NAICS Code

\_\_\_\_\_

### Preparer's Name and Signature

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

DORR TOWNSHIP  
4196 – 18<sup>TH</sup> ST  
DORR, MI 49323

PHONE: (616) 681-9874  
FAX: (616) 681-2411  
WEBSITE: [www.dorrtownship.org](http://www.dorrtownship.org)