

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
1683 142nd Avenue
DORR, MI 49323

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FAX: (616) 681-2411
WEBSITE: www.dorrtownshipmi.gov