



Chris Swope
Lansing City Clerk

Billiard Room & Bowling Alley License Application

(City Codified Ordinances – Chapter 806.01 - 806.99)
http://mi-lansing.civicplus.com/171/Business-Licenses

Applicant Checklist:
(Ensure All Items Completed)

Payment: [ ] Treasury Form Completed: [ ]

Application Completed: [ ]

ANNUAL NON-REFUNDABLE LICENSE FEE: \$50 Application fee PLUS \$15 per table or alley.

Form with fields: Business Name, Phone Number, Business Address, City, State, Zip, Number of Billiard Tables, Number of Bowling Alleys, and a question about convictions.

Form with fields: Business Owner, Phone Number, Owner Address, City, State, Zip, and Owner Email Address.

Same as above:

Applicant Name		Phone Number	
Applicant Address	City	State, Zip	
Applicant Email Address			

\_\_\_\_\_  
APPLICANT'S SIGNATURE

**OFFICIAL USE ONLY**

APPROVALS			
_____ Police Department	_____ Date	_____ City Treasurer	_____ Date
_____ Fire Marshal	_____ Date	_____ Building Safety Office	_____ Date
		_____ Planning Division	_____ Date

<u>OFFICIAL USE</u>	
Amount paid:	_____
Date paid:	_____
License #:	_____

Lansing City Clerk's Office  
Ninth Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695  
517-483-4131 • 517-377-0068 FAX

[www.lansingmi.gov/clerk](http://www.lansingmi.gov/clerk) • [city.clerk@lansing.mi.gov](mailto:city.clerk@lansing.mi.gov)



CITY OF LANSING  
 TREASURER'S OFFICE/INCOME TAX DIVISION  
 Room G-29, First Floor, City Hall  
 124 W Michigan Ave  
 Lansing, Michigan 48933  
 (517) 483-4121  
 FAX (517) 483-6084

ANDY SCHOR, MAYOR

**LANSING TREASURY INFORMATION REQUEST**

COMPLETE A SEPARATE FORM FOR EACH INDIVIDUAL SUBJECT TO VERIFICATION

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

APPLICANT/EMPLOYEE INFORMATION

Name (RA): \_\_\_\_\_

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

\_\_\_\_\_

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

Social Security (last 4 digits ONLY): \_\_\_\_\_

Drivers License # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

EMPLOYER/BUSINESS INFORMATION

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

Doing Business As (DBA): \_\_\_\_\_

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

\_\_\_\_\_

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

FEIN #: \_\_\_\_\_

Date business was established: \_\_\_\_\_

Do you, or any of these businesses, owe the City of Lansing money for any reason?  Yes  No

If Yes, for what reason? \_\_\_\_\_

Name of any other Lansing area business in which your ownership participation exceeds 25%

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date