

# BUSINESS LICENSE APPLICATION FOR HOME OCCUPATION

Please Check One:    **New Application:** \_\_\_\_\_    **Change of Ownership:** \_\_\_\_\_    **Change of Location Address:** \_\_\_\_\_

Saginaw Charter Township Clerk's Office  
4980 Shattuck Road  
Saginaw, MI 48603

Renewal Date: January 15<sup>th</sup> of every year  
License fee: \$10.00  
Agent: Township Clerk (989) 791-9830

**(APPLICATION NEEDS TO BE FILLED OUT COMPLETELY)**

BUSINESS NAME \_\_\_\_\_ STARTING DATE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

BUSINESS OWNER NAME \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ BUSINESS PHONE# \_\_\_\_\_

FAX # \_\_\_\_\_

FED ID/MI TAX ID# \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

D.O.B \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

BUILDING OWNER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY / ZIP \_\_\_\_\_

DESCRIBE NATURE & TYPE OF BUSINESS \_\_\_\_\_

DESCRIBE SPECIAL MACHINERY USED IN THIS BUSINESS \_\_\_\_\_

STATUS OF OCCUPANCY:    LC/PURCHASER \_\_\_\_\_  
   DEED HOLDER \_\_\_\_\_    OCCUPIED SQUARE FOOTAGE \_\_\_\_\_  
   TENANT \_\_\_\_\_

LIST PREVIOUS TOWNSHIP BUSINESS (ES) \_\_\_\_\_

HOURS OF OPERATION \_\_\_\_\_ DAYS PER WEEK \_\_\_\_\_ # OF EMPLOYEES \_\_\_\_\_

The undersigned hereby makes application for license and expressly agrees, if the license is granted to observe all of the provisions of the Charter and Ordinances of said Township now in force or which may hereafter be enacted, regulating such business (es) and that said license may be revoked upon due notice and proof of violation of any such provisions. It is also expressly understood and agreed that said license is NOT TRANSFERABLE, and the office of the Township Clerk must be promptly notified of any changes in ownership, location, or operation of such business (es).

DATE: \_\_\_/\_\_\_/\_\_\_ SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_

**OFFICE USE ONLY**

Business License # \_\_\_\_\_ License Printed \_\_\_\_\_

Zoning Classification \_\_\_\_\_

Community Development \_\_\_\_\_

Fire Department \_\_\_\_\_

Method of payment: CHECK# \_\_\_\_\_ CASH \_\_\_\_\_