

BUSINESS LICENSE APPLICATION

PLEASE CHECK ONE: New Application: Change of Ownership: Change of Location Address:

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

Renewal Date: January 15th of every year
License Fee: \$10.00
Agent: Township Clerk (989) 791-9830

****MUST FILL OUT CHEMICAL SURVEY****

(APPLICATION NEEDS TO BE FILLED OUT COMPLETELY)

BUSINESS NAME _____ STARTING DATE _____

D.B.A. _____ BUSINESS PH # _____

PHYSICAL BUSINESS ADDRESS _____

FAX# _____ City _____ State _____ Zip _____
FED ID/MI TAX ID# _____

DESCRIBE NATURE & TYPE OF BUSINESS _____

BUSINESS OWNER'S NAME _____

CORPORATE PHONE# _____ **or** HOME PHONE# _____

CELL# _____ CORPORATE CONTACT PERSON _____

DRIVER'S LICENSE# _____ D.O.B. _____

BUSINESS OWNER HOME/CORPORATE ADDRESS _____

CITY/STATE/ZIP _____ E-MAIL ADDRESS _____

MANAGER NAME _____ CELL# _____

HOME ADDRESS _____ CITY/STATE/ZIP _____

HOME PH# _____ DRIVER'S LICENSE# _____

D.O.B. _____

BUILDING OWNER'S NAME _____ PHONE# _____

BUSINESS ADDRESS _____ CITY/STATE/ZIP _____

STATUS OF OCCUPANCY: LC/PURCHASER _____
DEED HOLDER _____ OCCUPIED SQ. FOOTAGE _____
TENANT _____

HOURS/ DAYS OF OPERATION _____ # OF EMPLOYEES _____

ALARM COMPANY _____ PHONE# _____

TYPE OF ALARM: BURGULAR _____ FIRE _____ BOTH _____

SPRINKLERS: (Y/N) _____ FIRE EXTINGUISHERS (Y/N) _____ HEAT/SMOKE DETECTORS: (Y/N) _____

SIGNATURE OF APPLICANT: _____ PRINT NAME: _____ DATE: _____

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).

OFFICE USE ONLY

Business License # _____ License Printed _____

Zoning Classification _____

Comm. Development _____

Fire Department _____

Method of Payment: CHECK # _____ CASH _____