

I declare under penalty of false statement that to the best of my knowledge, all statements contained on this application are true; that I have been informed of the tenant(s) lease disclosure statement and the crime free addendum.

Signature of owner:

Date:

Signature of local agent:

Date:

**APPLICATION MUST BE RETURNED WITH PAYMENT
BEFORE A LICENSE WILL BE ISSUED.**

**Mail to: Saginaw Charter Township Clerk
4980 Shattuck Rd
Saginaw MI 48603**

For Office Use Only:			
Treasurer:		Approved	Denied
Taxes:	Amt. Due: \$	Date Pd:	Verified by:
Water/Sewer:	Amt. Due: \$	Date Pd:	Verified by:
Misc. Charges:	Amt. Due: \$	Date Pd:	Verified by:
Assessing:	Parcel #	Approved	Denied
Code Enforcement:		Approved	Denied
Zoning:	Classification:	Approved	Denied
Clerk:		Approved	Denied
Rental Business License #:		License Printed Date:	
Method of Payment: Check #		Cash	