THOMAS TOWNSHIP 249 NORTH MILLER ROAD SAGINAW, MI 48609

Phone (989) 781-0150 Fax (989) 781-0290 Website <u>www.thomastwp.org</u>

APPLICATION FOR BUSINESS IN THOMAS TOWNSHIP

Please complete and return this form with the \$10.00 fee to the Thomas Township Clerk's Office as soon as possible.

If there are any form fields that are not filled in, please complete those fields.

Deadline is December 1st.								
Business Name					D	ate of Application		
Business Mail Address								
Business Property Address		ss						
Business Phone								
Business Fax								
		·						
Owner's Name								
Owner's Mail Addres								
Owner's Phone								
Business Website								
Business Email								
Emergency Contact	No.							
Type of Business								
Dining		Financial		Gas Station		Health Services		
Lodging Ser		Service		Retail		Industrial/Manufacturing		
Describe Business/Service		ce						
Hours of Operation								
Name of Insurance	pany?							
By signing this application you hereby affirm that the foregoing are full and true statements.								
Signature:				Date:				
OFFICE USE ONLY APPROVALS (PLEASE INITIAL WHEN INSPECTIONS HAVE TAKEN PLACE)								
Building Approval				Zoning Approval				
Fire Approval				DPW Approval				
Justifications				11				
Zoning Classification	of Pi	roperty	Am	Amount of Off Street Parking with Square Footage				
Type of Internal Fire Protection			Type of Private Security					
Township Manager_				•			·	

License Number Assigned ______