

**THOMAS TOWNSHIP**  
**249 NORTH MILLER ROAD**  
**SAGINAW, MI 48609**  
**PHONE (989) 781-0150 FAX (989) 781-0290**  
***www.thomastwp.org***

**APPLICATION FOR BUSINESS IN THOMAS TOWNSHIP**

BUSINESS NAME		DATE	
BUSINESS MAIL ADDRESS			
BUSINESS PROPERTY ADDRESS			

BUSINESS PHONE		BUSINESS FAX	
OWNER'S NAME			
OWNER'S MAIL ADDRESS			
OWNER'S PHONE		EMAIL	

BUSINESS WEBSITE			
BUSINESS EMAIL		EMERGENCY PHONE NO.	
TYPE OF BUSINESS (please check)	DINING	FINANCIAL	GAS STATION
	LODGING	SERVICE	INDUSTRIAL/MANUFACTURING
		RETAIL	HEALTH SERVICES

DESCRIBE BUSINESS/SERVICE \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HOURS OF OPERATION		NUMBER OF EMPLOYEES	
INSURANCE COMPANY NAME			

SIGNATURE	DATE
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**BY SIGNING THIS APPLICATION YOU HEREBY AFFIRM THAT THE FOREGOING ARE FULL AND TRUE STATEMENTS.**

APPROVALS	<input type="checkbox"/> BUILDING APPROVAL <input type="checkbox"/> FIRE APPROVAL <input type="checkbox"/> ZONING APPROVAL <input type="checkbox"/> DPW APPROVAL <input type="checkbox"/> TOWNSHIP MANAGER
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**COMPLETE AND RETURN THIS FORM WITH THE \$10.00 FEE NO LATER THAN DECEMBER 1<sup>ST</sup>. PLEASE COMPLETE ALL FIELDS.**

BUSINESS LICENSE NUMBER ASSIGNED: \_\_\_\_\_