THOMAS TOWNSHIP

249 NORTH MILLER ROAD

SAGINAW, MI 48609

Phone (989) 781-0150 Fax (989) 781-0290

Website [www.thomastwp.org](http://www.thomastwp.org)

**APPLICATION FOR BUSINESS IN THOMAS TOWNSHIP**

Please complete and return this form with the appropriate fee to the Thomas Township Clerk’s Office within 30 days of receipt. If there are any form fields that are not filled in, please complete those fields.

***Deadline is December 15th***.

|  |  |  |  |
| --- | --- | --- | --- |
| **Business Name** |  | **Date of Application** |  |
| **Business Mail Address** |  |  |  |
| **Business Property Address** |  |  |  |
|  |  |  |  |
| **Business Phone** |  | | |
| **Business Fax** |  | | |
|  |  | | |
| **Owner’s Name** |  | | |
| **Owner’s Mail Address** |  | | |
| **Owner’s Phone** |  | | |

|  |  |
| --- | --- |
| **Business Website** |  |
| **Business Email** |  |
| **Emergency Contact No.** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Business** |  |  |  |  |  |  |  |
| Dining |  | Financial |  | Gas Station |  | Health Services |  |
| Lodging |  | Service |  | Retail |  | Industrial/Manufacturing |  |
|  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Describe Business/Service** |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sales Tax Number** |  | **Number of Employee’s Full Time** |  |
| **Owner is Deed Holder of Property?** |  | **Number of Employee’s Part Time** |  |
| **Owner is the Tenant of Property?** |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Hours of Operation** |  | |
| **Name of Insurance Carrier?** |  | |
| **Name of other Businesses operating at this location?** | |  |

***By signing this application you hereby affirm that the foregoing are full and true statements.***

***Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_*

*License Number Assigned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

| OFFICE USE ONLYAPPROVALS (PLEASE INITIAL WHEN INSPECTIONS HAVE TAKEN PLACE) | | | | |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  | Building Approval |  | Zoning Approval |
|  |  |  |  |  |
|  |  | Fire Approval |  | DPW Approval |
|  |  |  |  |  |
| Justifications | | | | |
| *Zoning Classification of Property \_\_\_\_\_\_\_\_\_\_ Amount Of Off Street Parking with Square Footage \_\_\_\_\_\_\_\_\_\_**Type of Internal Fire Protection \_\_\_\_\_\_\_\_\_\_ Type of Private Security, if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | |