

THOMAS TOWNSHIP
249 N. MILLER RD
SAGINAW MI, 48609
Phone: (989) 781-0150 Fax: (989) 781-0290

Date _____

No. _____

APPLICATION FOR BUSINESS IN THOMAS TOWNSHIP

Please complete and return this form with the appropriate fee to the Thomas Township Clerk within 30 days from receipt. Please type or use black ink.

Renewal date: December 15 License fee: \$10 Licensing Agent: Thomas Township

Business Name _____ Phone _____

Business Address _____ Fax _____

Business Mailing Address _____

Owner's Name _____ Phone _____

Address _____

Business Website Address: _____

Business Email Address: _____

EMERGENCY CONTACT NAME _____ PHONE NUMBER _____

Type of Business (Check only one please)

_____ Dining _____ Financial _____ Gas Station _____ Health Services

_____ Lodging _____ Service _____ Retail _____ Industrial/Manufacturing

Give a description of the business operation, including services and products (this information will be posted on the township website): _____

Sales Tax License Number _____ No. Employees _____ Full time _____ Part time

Status of occupancy of business owner: _____ Deed Holder _____ Land Contract _____ Tenant

Daily hours of operation: _____

Name of Insurance Company: _____ Phone _____

PLEASE COMPLETE SECOND PAGE

Are there any companies doing business from your address under lease, sublease, or concession?
_____ yes _____ no. If yes, attach a rider to this application providing names and addresses of such parties.

Do you have a business in another location in Thomas Township? _____ yes _____ no

If yes, please state business name and location _____

I, _____, _____
Name Position

do hereby affirm that the foregoing are full and true statements.

Signed _____ Date _____

OFFICE USE ONLY

Zoning Classification of Property _____

Amount of off street parking with square footage _____

Type of internal fire protection, if any _____

Type of private security, if any _____

Building _____
Authorized Signature Date

Zoning _____
Authorized Signature Date

Fire _____
Authorized Signature Date

DPW _____
Authorized Signature Date

Township Approval _____
Authorized Signature Date