CARROLLTON TOWNSHIP
BUSINESS LICENSE APPLICATION
1645 Mapleridge Rd, Saginaw, MI 48604-1798 (989) 754-4611 ex. 15

Expiration Date: March 31

Fee:	New License	$10.00	Receipt Number _____
Renewal:	If Paid by March 31	$10.00	Amount Paid _____
	If Paid by April 30	$20.00	
	If Paid after April 30	$35.00	

If you are operating a business in Carrollton Township and have not renewed your business license by April 30, you will be subject to civil infraction citations.

Business Name _____ Business Phone _____

Business Address _____ Home Occupation Yes No

Business Mailing Address _____ Home/Cell/Pager Phone _____

City_____ Zip_____

Owner Name_____ Owners Address_____

City _____ Zip _____ Type of Business _____

Number of Employees _____ Days of Operations _____ Hours of Operation _____

Seasonal or Year Round _____ If Seasonal, List Time of Year _____

If business will be run out of your home, a home occupation form (available at Township Office) will need to be attached to this application.

_____ _____ _____
Signature Title Date

EMERGENCY INFORMATION:
Contact person (other than business owner) and his/her phone number in case of fire or other emergency:
If you carry a cell phone or pager, please include these numbers.

_____

Building Owner Name _____ Phone _____

Security Alarm Company and Phone _____

OFFICE USE ONLY

Zoning Classification _____ Delinquent Taxes Yes No Home Occupation Yes No

Special Use Permit Yes No Variance Yes No Non Conforming Use Yes No

Approval: Zoning Administrator _____ Date _____