

**CARROLLTON TOWNSHIP  
 BUSINESS LICENSE APPLICATION  
 1645 Mapleridge Rd, Saginaw, MI 48604-1798 (989) 754-4611 ex. 104**

Expiration Date:	March 31		
Fee:	New License	\$25.00	Receipt Number _____
Renewal:	If Paid by March 31	\$25.00	Amount Paid _____
	If Paid by April 30	\$35.00	
	If Paid after April 30	\$50.00	
If you are operating a business in Carrollton Township and have not renewed your business license by May 31, 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:**

\_\_\_\_\_

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	_____				