

# Business License Application

Tittabawassee Township  
145 S Second Street, PO Box 158  
Freeland, MI 48623-0158  
Phone: (989) 695-9512 Fax: (989) 695-5060

## Business Information

Name:			
Type of Business:			
Phone #:		Fax #:	
Emergency Contact's Name:		Ph. #:	
Business Website:			
Business Contact's Email:			
Business Physical Address*:			
Mailing Address			
Hours of Operation:			

## Owner Information

Owner Name:	
Owner's Mailing Address:	
Owner's Primary Phone #:	
Owner's Alternate Phone #:	
Owner's Email address:	

**\*Note: If business has multiple locations please attach list of all locations.**

**New Businesses:** Business License must be approved and in your possession prior to initiating business activity within Tittabawassee Township.

**Business License Renewals are due on March 31. New license is effective April 1.**

I understand that township officials have authority to perform inspections relating to this application.  
I hereby affirm that the information provided is accurate and true to the best of my knowledge.

Signature:	Date:
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**License Fee: \$25.00**

Please complete the hazardous materials notification on reverse

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## Hazardous materials notification:

This information will be used only by emergency responders to prepare action plans for use in the event of an emergency at the location:

**Are any of the following stored at this business?**

Flammable liquids: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Typically Onsite:	
Describe type and location within property:		

Explosives: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Typically Onsite:	
Describe type and location within property:		

Guns/Ammunition: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Typically Onsite:	
Describe type and location within property:		

Please list or describe any other materials which would present an unexpected danger to first responders:	
Is there a sprinkler system in the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OFFICE USE ONLY		
<b>Departmental Approvals:</b>		
____ Building Department	____ Fire Department	____ Finance Department
____ Zoning Department	____ DPW	
License Approved / Denied	By:	Date:
Reason for Denial:		

License Number Assigned: \_\_\_\_\_