

City of Saginaw
Permit Department
301 S. Saginaw Blvd.
Bus: 817-230-0453 Fax: 817-232-8565
E-mail: permits@saginawtx.org



City of Saginaw

Permit Date: _____
Permit #: _____
Total Fee: _____
Receipt #: _____

Annual Business Permit Application

Permit Address:

Lot:	Block:	Addition:	Zoning:
------	--------	-----------	---------

Property Owner Information

Name:

Address:

City:

State:

Zip:

Phone:

E-mail:

Occupancy Information

Business Name:

Address:

City:

State:

Zip:

Phone:

E-mail:

BUSINESS OWNER INFORMATION

Name:

Mailing Address:

Mailing City:

Mailing State:

Mailing Zip:

Phone:

Email:

BUSINESS MANAGER INFORMATION (must be a local contact available for **after hour** emergencies)

Name:

Mailing Address:

Mailing City:

Mailing State:

Mailing Zip:

Cell:

Email:

Permit Information

Type of Business:

Number of Employees:

Full Time:

Part Time:

State Sales Tax ID Number:

Date Opened (at this address):

Applicant Signature:

Date:

Printed Name:

Date: