



City of Marine City
 Department of the City Clerk
 303 S. Water St.
 Marine City, MI 48039
 (810) 765-8830
 kbaxter@marinecity-mi.org

Bed & Breakfast Annual License Application

Background Check Fee {New Owner(s) Only}: \$10.00
 Annual Application Fee: \$50.00
 CASH/MONEY ORDER/CHECK ONLY

Application Date: _____

Owner Information

Owner(s) Name: _____

Contact Number(s): _____

Email: _____

Mailing Address: _____

Business Information

Address of Bed & Breakfast: _____

Establishment Operator: _____

Number of Rental Sleeping Rooms: _____

Square Footage and Occupancy of Each Rental Room: _____

Does each rental sleeping room have a smoke detector: Yes _____ No _____

Are lavatory/bathing facilities available to all persons using the rental sleeping rooms: Yes _____ No _____

Are there at least two (2) exits to the outdoors from the premises: Yes _____ No _____

Are there any rental sleeping rooms in a third floor area: Yes _____ No _____

If yes, are fire escapes provided for the third floor in addition to the two exits required: Yes _____ No _____

Certification

I hereby authorize the City of Marine City to conduct a background check and understand a non-refundable Background Check Fee of \$10.00 is due at the time of filing the application. A copy of government issued photo identification is also required. I certify that this business meets all County, State and/or Federal Licensing. I also certify that I have no outstanding overdue debt due to the city.

I hereby certify that I am the owner, or am authorized to act on behalf of the owner, of the above described business. I further certify that to the best of my knowledge this is a true and correct application, and understand that the falsification of this application is cause for revocation or suspension of this license.

Applicant Signature: _____ Date: _____

ANNUAL BUSINESS LICENSE DEADLINES
LICENSE EXPIRES: JUNE 30TH ANNUALLY LICENSE RENEWAL FEE: \$50 ANNUALLY



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CITY OFFICE USE ONLY

Background Check Fee: \$10.00 Paid Date (If Applicable): _____
 License Fee: \$ _____ Paid Date: _____
 ID Verified: _____ Outstanding Debt Verified: _____

Special Notes: _____

Is zoning appropriate: Yes _____ No _____
 Is establishment in a B-1 or B-2 Business District, or R-1 Residential: Yes _____ No _____
 Total square feet of dwelling unit: _____
 Square foot percentage to be used for rental sleeping rooms: _____
 Is parking provided, as required: Yes _____ No _____
 Are there smoke detectors in each rental sleeping room: Yes _____ No _____
 Are lavatory/bathing facilities available: Yes _____ No _____
 Are minimum exit requirements provided: Yes _____ No _____
 Does establishment meet all requirements for licensing: Yes _____ No _____
 Date of inspection _____
 Date of Issuance of Certificate of Occupancy: _____

Required Signatures

Building Official: _____ Date: _____
 Fire Chief: _____ Date: _____
 Police Chief: _____ Date: _____
 City Manager: _____ Date: _____
 City Commission: _____ Date: _____
 City Clerk: _____ Date: _____

Date Issued: _____ Business License No.: _____