

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

Business License Application

Background Check Fee: \$10.00 Application Fee: \$25.00 per \$1000.00 of Stock & Equipment CASH/MONEY ORDER/CHECK ONLY

Application Date: _____

Owner Information	
Owner(s) Name:	
Contact Number(s):	
Email:	
Mailing Address:	
Business Information	
Business Name/DBA:	
Business Phone:	
Business Address:	
Business Mailing Address:	
Number of Employees: Full Time:	_ Part Time:
Hours of Operation:	
	_ Federal ID No.:
Value of Initial Stock and Equipment: \$	
Description of Business:	
Ownership: Corporation: Sole-Proprietor:	Partnership: 🔲 LLC: 🔲 Limited: 🗔
Partnership:	_ Corporation Name:
Date of Opening:	_
New Business: Transfer of Ownership:	Transfer of Existing Business to New Location:
Name of Previous Owner(s):	
Previous Business Location:	

Emergency Contact Information (After Hours)

Contact Name(s):			
Contact Number(s):			
Alarm Company Name:	Phone:		
List any Flammable or Toxic materials stored in the Building:			
Special Instructions for Police and/or Fire Depa	artment:		

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: _____ Date: _____



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

CITY OFFICE USE ONLY

Background Check Fee: \$10.00	Paid Date:	
License Fee: \$	Paid Date:	
ID Verified:	Outstanding Debt Verified:	
Special Notes:		
Required Signatures		
Ruilding Official:	Date:	

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

Date Issued: _____ Business License No.: _____