

Vehicle Information:

Type of Vehicle _____

Vehicle Year _____ Vehicle Make _____

Registration # _____

If vehicle must be inspected by Marine City Police Department, call 810-765-4040 for an appointment.

Vehicle Insurance Information:

Insurance Company: _____

Address _____

Street

City

State

Zip

Policy # _____

Indicate desired term of license:

\$5.00 per Day

\$100.00 per 6 Months

\$20.00 per Month

\$200.00 per Year

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: _____

CITY OFFICE USE ONLY

Background Check Fee: \$10.00

Paid Date: _____

License Fee: \$ _____

Paid Date: _____

ID Verified: _____

Outstanding Debt Verified: _____

Special Notes:

Required Signatures

City Clerk: _____ Date: _____

Term of License (Permit): _____ thru _____