



City of Marine City  
Clerk's Department  
260 S. Parker  
Marine City, MI 48039  
(810) 765-8830  
clerk@cityofmarinecity.org

(Office Use Only) BUSINESS LICENSE # \_\_\_\_\_

**ANNUAL BUSINESS  
RENEWAL FORM**  
**2024**  
**\$75.00 RENEWAL FEE**  
Cash Receipting Code: LIC

**BUSINESS NAME** \_\_\_\_\_

**BUSINESS LOCATION(S)** \_\_\_\_\_

**BUSINESS MAILING ADDRESS** \_\_\_\_\_

**BUSINESS EMAIL ADDRESS** \_\_\_\_\_  
(\*Required)

**BUSINESS TELEPHONE** \_\_\_\_\_

**EMERGENCY CONTACT NUMBER** \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Ownership: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ TAX ID: \_\_\_\_\_

Owner's Name(s): \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Telephone: \_\_\_\_\_

Manager/Operator (if different from Owner): \_\_\_\_\_

Manager's Address: \_\_\_\_\_

Manager's Telephone: \_\_\_\_\_

Days of Operation: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

**Are Flammable or Toxic materials stored in building?** Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please list type and location: \_\_\_\_\_

**Please Note: All approved hood inspections are to be forwarded to the Marine City Area Fire Authority (\*If applicable)**

**List any special conditions or instructions that the Police Department or Fire Authority should be aware of:**

(Continue on Reverse Side if Additional Space is Required)

This registration is in accordance with the Marine City Code of Ordinances and the standards and conditions as set forth in same. Business registration is required annually. You will be mailed your **2024 Business License** upon receipt of the completed registration form and fee.

REMITTANCE ADDRESS:

CITY OF MARINE CITY  
260 SOUTH PARKER ST.  
MARINE CITY, MICHIGAN 48039

Contact the City Clerk's Office at (810) 765-8830 if you have any questions or concerns.

**DATE:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_