

# Business License Application



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

Application Fee: \$200.00  
**Two Separate Payments Required**  
**(\$155.00 City of Marine City +**  
**\$45 Marine City Fire Authority)**  
CASH/MONEY ORDER/CHECK ONLY  
Cash Receipting Code: BUS LIC

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: \_\_\_\_\_  
State Tax ID No.: \_\_\_\_\_ Federal ID No.: \_\_\_\_\_  
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 Department: \_\_\_\_\_

## Certification

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: \_\_\_\_\_



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## Contact Numbers:

Building Official: (810) 765-9011  
Fire Chief: (810) 765-8840  
Police Chief: (810) 765-4040

## Conditions for Approval:

When completing this application, please keep in mind that all new businesses **must** have their Business License approved by the City Commission **prior** to opening. Businesses transferring from one location within the City to another location must also have a new Business License approved by the City Commission.

No license or permit under the provisions of this code shall be issued to any person who is indebted or obligated to the City of Marine City for any sum of money, other than for current taxes. Section 110.07 – Conditions for Issuance.

Inspections of the building from which you are running your business must be made by the Building Official, Fire Chief, and Police Chief. You are urged to have all inspections completed sufficiently in advance (at least 10 days prior) of a Commission meeting to allow your application to be placed on the Commission Agenda.

The City Commission meets the first and third Thursday of each month. The agenda is prepared on the Thursday preceding the scheduled meeting, and your application must be processed and all inspections approved prior to being placed on the agenda.



**YOUR OPENING WILL BE DELAYED WITHOUT PROPER APPROVAL OF THE CITY COMMISSION**

**Businesses may not open to the public until a license is approved and appropriate fees paid**

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## ANNUAL BUSINESS LICENSE DEADLINES

LICENSE EXPIRES: DECEMBER 31<sup>ST</sup> ANNUALLY LICENSE RENEWAL FEE: \$75 ANNUALLY

### CITY OFFICE USE ONLY

License Fee: \$ \_\_\_\_\_

Paid Date: \_\_\_\_\_

Outstanding Debt Verified: \_\_\_\_\_

Special Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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.: \_\_\_\_\_