



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

License # _____

Bed & Breakfast Annual License Application

**Annual Application Fee: \$75.00 CASH/
MONEY ORDER/CHECK ONLY Cash**
Receipting Code: LIC

Application Date: _____

Owner Information

Owner(s) Name: _____

Mailing Address: _____

Email: _____

Contact Number(s): _____

Emergency Contact Number: _____

Business Information

Business Name: _____

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 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: DECEMBER 31ST ANNUALLY LICENSE RENEWAL FEE: \$75 ANNUALLY

* Late Fee 25% (1-15 Days)

* Late Fee 50% (Greater than 15 Days)



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CITY OFFICE USE ONLY

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.: _____