

City of Marine City, Michigan

303 S. Water Street, Marine City, Michigan 48039

Business License Application

**A Non-Refundable Background Check Fee Due at Time of Filing Application
\$10.00 Due per Each Background Check**

Business Information:

Business Name: _____

Business Address: _____

Bus. Phone: _____ Fax: _____ E-Mail: _____

Description of Business: _____

Open Date **(Subject to approval)**: _____ Non-Profit: Yes No

Number of Employees: Full Time _____ Part Time _____ # of Seats _____

Hours of Operation: From _____ to _____ M T W Th F S S

Ownership: Corporation Individual Partnership LLC Limited

Partnership

Corporation Name: _____

State Tax ID: _____ Federal ID: _____

Value of Initial Stock and Equipment: \$ _____

Owner Information (Must Provide Copy of Government Issued Photo Identification):

Name: _____ Title: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Driver's License #: _____

Name: _____ Title: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Driver's License #: _____

Building Owner: _____

Address: _____

State: _____ Zip: _____ Phone: _____

Emergency Contact Information (After Hours):

Name: _____ Phone: _____

Name: _____ Phone: _____

Alarm Company:

Name: _____ Phone: _____

Address: _____
STREET CITY STATE ZIP

List any Flammable or Toxic Materials Stored in Building _____

Provide copies of any necessary paperwork for hazardous substances from any outside agencies.

<p>HAS THIS BUSINESS MET ALL COUNTY, STATE AND/OR FEDERAL LICENSING REQUIREMENTS NEEDED TO CONDUCT YOUR BUSINESS?</p> <p>YES: _____ NO: _____</p> <p>APPLICANT'S INITIALS: _____</p>

Provide copies of any other governmental licenses needed to conduct your business.

Special Instructions for Police and Fire Departments: _____

Is there hard-surface parking for this business? Yes No

Are you indebted to the City for anything? _____

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.

Signature & Title of Applicant

Dated



CITY OF MARINE CITY
303 S. Water Street, Marine City, MI 48039

AUTHORIZATION FOR RELEASE OF INFORMATION

COMPLIANCE: Voluntary

To Whom It May Concern:

I hereby authorize any representative of the City of Marine City bearing this Authorization to obtain information from your files or other sources pertaining to my personal background including, but not limited to, the histories/records checked below:

- | | |
|---|---|
| <input type="checkbox"/> Employment History | <input type="checkbox"/> Attendance Records |
| <input type="checkbox"/> Criminal History | <input type="checkbox"/> Personal History |
| <input type="checkbox"/> Financial / Credit | <input type="checkbox"/> Disciplinary History |
| <input type="checkbox"/> Academic Records / School Counseling Records Schedules | <input type="checkbox"/> Mortgage Records & Payment |
| <input type="checkbox"/> Athletic Records | <input type="checkbox"/> Utility Bills |
| <input type="checkbox"/> Social Media / Digital Records | <input type="checkbox"/> Driving Record |

I hereby release you, the institution or establishment which you represent, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it. Should there be any question as to the validity of the Authorization, you may contact me as indicated below.

This Authorization shall continue in effect until revoked by me in writing. A photocopy of the Authorization shall have the same force as the original.

Full Name		Social Security Number		Date of Birth (MM/DD/YYYY)
Current Address	City	State	Zip Code	Telephone Number
Driver's License Number				State Issuing
Signature				Date

*NOTE: This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

City Hall Use Only

_____ **NEW BUSINESS**

_____ **TRANSFER OWNERSHIP OF EXISTING BUSINESS**

. *Name of Previous Owner(s)* _____

_____ **TRANSFER OF EXISTING BUSINESS TO NEW LOCATION**

. *Previous Business Location* _____

Background Check Fees: \$ _____ **Date Paid:** _____

License Fee: \$ _____ **Date Paid:** _____ **Date Issued:** _____

Fee: \$25.00 per \$1,000 of stock and equipment

BUSINESS LICENSE # ISSUED: _____

Business Licenses Expire June 30th of Each Year.

Required Signatures:

Fire Marshal: _____ **Date:** _____

Police Chief: _____ **Date:** _____

City Manager: _____ **Date:** _____

City Commission: _____ **Date:** _____

Building Inspector: _____ **Date:** _____

City Clerk: _____ **Date:** _____

SPECIAL NOTES: _____

City of Marine City, Michigan

303 S. Water Street, Marine City, Michigan 48039

Registration Form

Business Name: _____

Business Address: _____

Bus. Phone: _____ Fax: _____ E-Mail: _____

Emergency Contact Information (After Hours):

Name: _____ Phone: _____

Name: _____ Phone: _____

Ownership: Corporation Individual Partnership LLC Limited

Partnership

Owner Information:

Name: _____ Title: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Driver's License #: _____

Manager / Operator (if different from Owner):

Name: _____ Title: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Driver's License #: _____

Hours of Operation: From _____ to _____ M T W Th F S S

List any Flammable or Toxic Materials Stored in Building _____

Provide copies of any necessary paperwork for hazardous substances from any outside agencies.

Special Instructions for Police and Fire Departments: _____

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. There is no charge for this registration, and you will be mailed your current year's business license upon returning the completed registration form to:

**Kristen Baxter, City Clerk
City of Marine City
303 South Water Street
Marine City, Michigan 48039
kbaxter@marinecity-mi.org
810-765-8830**

Contact City Clerk Kristen Baxter at 810-765-8830 with any questions you may have.

Signature

Dated

Title

City of Marine City, Michigan

303 S. Water Street, Marine City, Michigan 48039

Security & Hazard Locator Card

COMMERCIAL – INDUSTRIAL – PUBLIC BUILDINGS – FACILITIES

Business Name: _____

Business Address: _____

Bus. Phone: _____ Fax: _____ E-Mail: _____

Nearest Intersection: _____

Type of Business: _____

Hours of Operation: From _____ to _____ M T W Th F S S

Owner: _____ Bus TX: _____ Home TX: _____

Manager: _____ Bus TX: _____ Home TX: _____

Other: _____ Bus TX: _____ Home TX: _____

Emergency After-Hours Contacts

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Night Alarm? YES NO

Alarm Company: _____

Night Lights: YES NO Motion Activated: YES NO

Safety and Security History/Hazard

Date

Description
