

# 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**

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### **Business Information:**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Description of Business: \_\_\_\_\_

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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><b>HAS THIS BUSINESS MET ALL COUNTY, STATE AND/OR FEDERAL LICENSING REQUIREMENTS NEEDED TO CONDUCT YOUR BUSINESS?</b></p> <p><b>YES: _____ NO: _____</b></p> <p><b>APPLICANT'S INITIALS: _____</b></p>
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**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 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 30<sup>th</sup> of Each Year.**

<b>Required Signatures:</b>	
<b>Fire Marshal:</b> _____	<b>Date:</b> _____
<b>Police Chief:</b> _____	<b>Date:</b> _____
<b>City Manager:</b> _____	<b>Date:</b> _____
<b>City Commission:</b> _____	<b>Date:</b> _____
<b>Building Inspector:</b> _____	<b>Date:</b> _____
<b>City Clerk:</b> _____	<b>Date:</b> _____
_____	
<b>SPECIAL NOTES:</b> _____	
_____	
_____	
_____	

# 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](mailto: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*



