

**2016/2017
CITY OF MARINE CITY
ANNUAL BUSINESS REGISTRATION FORM**

BUSINESS NAME _____

BUSINESS LOCATION _____

BUSINESS MAILING ADDRESS _____

BUSINESS TELEPHONE _____

EMERGENCY CONTACT NUMBER _____

Nature of Business: _____

Ownership: Individual _____ Partnership _____ Corporation _____

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 _____

List any special conditions or instructions that the Police or Fire Departments 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 **2016/2017 Business License** upon receipt of the completed registration form.

REMITTANCE ADDRESS: KRISTEN BAXTER, CITY CLERK
CITY OF MARINE CITY
303 SOUTH WATER STREET
MARINE CITY, MICHIGAN 48039

Contact the City Clerk's Office at 810-765-8846 if you have any questions or concerns.

DATE: _____

SIGNED: _____

TITLE: _____