



City of Marine City  
 Department of the City Clerk  
 303 S. Water St.  
 Marine City, MI 48039  
 (810) 765-8830  
 kbaxter@marinecity-mi.org

License # \_\_\_\_\_

# Bed & Breakfast Annual License Application

**Annual Application Fee: \$50.00**  
 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: JUNE 30<sup>TH</sup> ANNUALLY LICENSE RENEWAL FEE: \$50 ANNUALLY**



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