



Charter Township of Marquette

1000 Commerce Drive, Marquette, Michigan 49855
 Phone: 906-228-6220 • Fax: 906-228-7337
Business License Application
 www.marquettetownship.org



****Be sure to complete ALL applicable sections of this form. Incomplete Applications will be returned. Please Print or type.**

Business Information – THIS SECTION MUST BE FILLED OUT EVERY YEAR

Business Name:		Local Address:	
Name of Local Contact Person:		Local Contact Phone:	Local Contact Email:
Complex Name:		Property / Parcel ID Number(s): <i>(found on tax bill)</i> 52-08- - -	
Licensing Contact Person: <i>(if different than above)</i>		Licensing Mailing Address:	
Licensing Contact Phone:		Licensing Contact E-mail:	
Nature of Business:			
Daily Hours of Operation:			
Number of Employees:			

Check box & sign the back if nothing has changed since 2014.

****Fire Dept. HazMat form must still be filled out completely****

Landlord Contact Information

Landlord Name:	Address:
Business Name:	

Permission

If Applicant is not the Property Owner, does the Applicant have the Owner's permission? Yes No

Site Information

Number of Off-Street Parking Spaces: _____ or Area of Occupied Space: _____

ARE HAZARDOUS MATERIALS STORED ON SITE? YES NO
 If yes, please list the exact location where the materials are stored: _____

Please describe the type and function of the business to be conducted at this location:

Applicant:

I certify that the information I have provided is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Applicant's Name (print): _____

Property Owner:

I certify that the information I have provided is true to the best of my knowledge.

Signature of Owner: _____

Date: _____

Owner's Name (print): _____

OFFICIAL USE ONLY

Official Receiving Application (*please print*): _____

Date: _____

Zoning Official Approved Not Approved

Fire Department Approved Not Approved

Reason: Incomplete Application Other

Date: _____

Fee(s) Paid: Yes No

If Yes, Amount Paid: _____

Signature of Zoning Official: _____

Date: _____

License Issued: _____

Expiration Date: _____