

# CITY OF MARYSVILLE

## GENERAL INFORMATION FOR NEW BUSINESS

*The appropriate license will be issued as a last step in the process*

### 1. Business Owner Information

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

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### 2. Emergency Contact Information

Contact's Name: \_\_\_\_\_

Contact's Address: \_\_\_\_\_ Phone \_\_\_\_\_

### 3. Emergency Contact #2 Information

Contact's Name: \_\_\_\_\_

Contact's Address: \_\_\_\_\_ Phone \_\_\_\_\_

**4. Brief description of the nature of the business and/or goods to be sold:** (the St. Clair County Health Depart. must be contacted at 810-987-5306 if food is going to be sold):

\_\_\_\_\_  
\_\_\_\_\_

**Square Footage:** \_\_\_\_\_ **and/or** **Seating Capacity:** \_\_\_\_\_

**5. Business phone & address:** (e.g. address, or specific corner, lot, door-to-door if peddler):

\_\_\_\_\_  
\_\_\_\_\_

**6. Annual License:** 01/01/20 \_\_\_\_\_ - 12/31/20 \_\_\_\_\_

**7. Information or questions:** Contact the City Clerk's office, 1111 Delaware, Marysville, MI 48040 or phone 810-364-6613.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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**Office use only**

Police Info \_\_\_ Wtr info \_\_\_ WW info \_\_\_

Building/Zoning Passed: Date \_\_\_\_\_ Treasurer: Date \_\_\_\_\_ Assessor: Date \_\_\_\_\_

License issued: Type \_\_\_\_\_ Amt paid \_\_\_\_\_ License expires \_\_\_\_\_

Refer to Code: Chapters 71, 72, & Chapters 76 - 80, and most recent fee schedule