



# 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:		
Business D/B/A:		
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>  <b>52-08- - -</b>	
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 renewing and nothing has changed since 2019.

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

**Landlord Contact Information**

Landlord Name:	Address:
Phone:	Email:

**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: \_\_\_\_\_

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: \_\_\_\_\_