



**CITY OF MADISON HEIGHTS  
OFFICE OF THE CITY CLERK  
BUSINESS LICENSE APPLICATION**

*FOR OFFICE USE ONLY*

Date Filed: \_\_\_\_\_

License No.: \_\_\_\_\_

Bus ID: \_\_\_\_\_

I (we) the undersigned do hereby apply and petition the City of Madison Heights to license the following business establishment.

**BUILDING ADDRESS:** \_\_\_\_\_

An application for a Certificate of Occupancy was filed at the Community Development Department?  Yes  No

Is county, state or federal licensing required to operate any portion of your business?  Yes  No (if YES, provide copy of license(s))

**BUILDING AND BUSINESS INFORMATION**

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

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

Business Phone No. \_\_\_\_\_ Business Email: \_\_\_\_\_

Is your business considered to be non-profit \_\_\_ charitable \_\_\_ religious \_\_\_ civic \_\_\_ educational \_\_\_ philanthropic?  
(If you've chosen one of these options, you must attach a copy of documentation confirming your non-profit tax/charitable status.)

List all goods sold or services provided in detail:

\_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

**BUILDING OWNER INFORMATION**

Building Owner Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**BUSINESS OWNER/APPLICANT INFORMATION**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Interest in Property: \_\_\_\_\_

Any Conviction of a Crime / Misdemeanor / Ordinance Violation  No  Yes – Explain

\_\_\_\_\_

If a Corporation, provide Corporate Name, Name and Address of Registered Agent. If Partnership, provide Name, Address of all partners. Use separate sheet if necessary.

\_\_\_\_\_

\_\_\_\_\_

Any Conviction of a Crime / Misdemeanor / Ordinance Violation  No  Yes – Explain

\_\_\_\_\_

**MANAGER'S INFORMATION**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Interest in Property: \_\_\_\_\_

Any Conviction of a Crime / Misdemeanor / Ordinance Violation     No     Yes – Explain \_\_\_\_\_

**FOR THE APPLICANT:**

The issuance of a business license is a multi-step process involving approvals from several different departments. A Business License will not be issued until all required approvals are complete. I agree that I will not occupy this structure, or operate any business therein, prior to issuance of a business license and that to do so is a violation of the Madison Heights City Code and may result in my prosecution. By my signature, I authorize the city, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualification of the applicant for the license. I hereby certify that I have read and understand all the information on this application and that the information that I have provided herein is complete and true to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**Fees**

Number of Vending Machines \_\_\_\_\_ x \$20 each ..... \_\_\_\_\_

Number of Electronic Amusement Devices \_\_\_\_\_ x \$62.50 each ..... \_\_\_\_\_

Business License Fee ..... \_\_\_\_\_

**Total Fees Paid** \_\_\_\_\_

General Business License      \$100.00

Caregiver                              \$300.00

**OFFICE USE ONLY**

Invoice Number \_\_\_\_\_ By \_\_\_\_\_

<b>APPROVALS FOR ISSUE:</b>	<b>DATE</b>
TREASURER. _____	_____
POLICE DEPT. _____	_____
FIRE DEPT. _____	_____
C.D. DEPT. _____	_____
HEALTH DEPT. _____	_____

**BUSINESS LICENSE ISSUED:**

\_\_\_\_\_



**MADISON HEIGHTS POLICE DEPARTMENT  
BUSINESS LICENSE  
ICHAT/ BACKGROUND CHECK APPLICATION**

Submit completed Application to the Madison Heights Police Department located at 280 W. 13 Mile Road. The Records Bureau is open Monday-Friday 9am-4:30pm with 11:30am-12:30pm closure for lunch.

**Fees:** \$15.00 per application with payment of Cash or Check  
\$15.50 per application with payment of Credit/Debit.

Each application must have attached to it, a copy of a valid Driver’s License or State ID.

A separate application must be submitted for each business owner, business partner, and/or manager.

Owner     Partner     Manager     Other

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

Address: \_\_\_\_\_  
                            Street                                      City                                      State                                      Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver’s License Number: \_\_\_\_\_

Sex:  Male  Female      Race:  White  Black  
 Asian/Pacific Islander     American Indian/Alaskan Native     Unknown

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

Business Address: \_\_\_\_\_

Business License Application Number: \_\_\_\_\_  
(Number is located in the “for office use only box” in upper right hand corner of the business license application)

I certify that I have answered all of the above questions truthfully to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_