



**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.
(Must be typewritten or legible print - Black Ink Only)

Building Address: _____

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

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.)

Does your business include any form of massage? ___ Yes ___ No (If yes, please see the Clerk's office for additional forms needed.)

List all goods sold or services provided in detail:

Days and Hours of Operation: _____

Total Floor Area: _____ No. of Floors: _____ Max. No. of Employees: _____

No. of Seats for Restaurant or Assembly Uses: _____ Capacity of Waiting Area: _____

Building: New or Existing Building is: Owned Leased Rented for _____ year(s).

Building Owner Name: _____ Phone No.: _____ Fax No.: _____

Owner's Address: _____ City: _____ Zip: _____

APPLICANT INFORMATION

Name: _____ Phone No.: _____

Street Address: _____ City, State, Zip: _____

Driver's License No.: _____ Date of Birth: _____

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, Birth Date and Driver's License of all partners. Use separate sheet if necessary.

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

MANAGER'S INFORMATION

Name: _____ Phone No.: _____
 Street Address: _____ City, State, Zip: _____
 Driver's License No.: _____ Date of Birth: _____
 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. I understand that to process this request in the most timely manner, this application may be forwarded to City Council for consideration prior to issuance of an Occupancy Certificate and/or receipt of other required approvals and that 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 _____

Up to 5,000 Square Feet	\$100.00	Total Fees Paid	_____
5,001 to 20,000 Square Feet	\$200.00		
20,001 to 50,000 Square Feet	\$300.00		
50,001 to 100,000 Square Feet	\$400.00		
Over 100,000 Square Feet	\$500.00		

OFFICE USE ONLY

Invoice Number _____ By _____

APPROVALS FOR ISSUE:	DATE
TREASURER. _____	_____
POLICE DEPT. _____	_____
FIRE DEPT. _____	_____
C.D. DEPT. _____	_____
HEALTH DEPT. _____	_____

BUSINESS LICENSE ISSUED:

 (Date)



BUSINESS LICENSE / PERMITS

BUSINESS LICENSE FEES BY SQUARE FOOTAGE:

(Budget Resolution – Motion No. 139 of May 11, 2009)

Up to 5,000 Square Feet	\$ 100.00
5,001 to 20,000 Square Feet	\$ 200.00
20,001 to 50,000 Square Feet	\$ 300.00
50,001 to 100,000 Square Feet	\$ 400.00
Over 100,000 Square Feet	\$ 500.00

REQUIREMENTS FOR A BUSINESS LICENSE

The following is a list of requirements for obtaining a Business License in the City of Madison Heights.

A Business License **WILL NOT** be issued unless the business has been approved by **ALL** departments applicable and those approvals have been received by the City Clerk's Department.

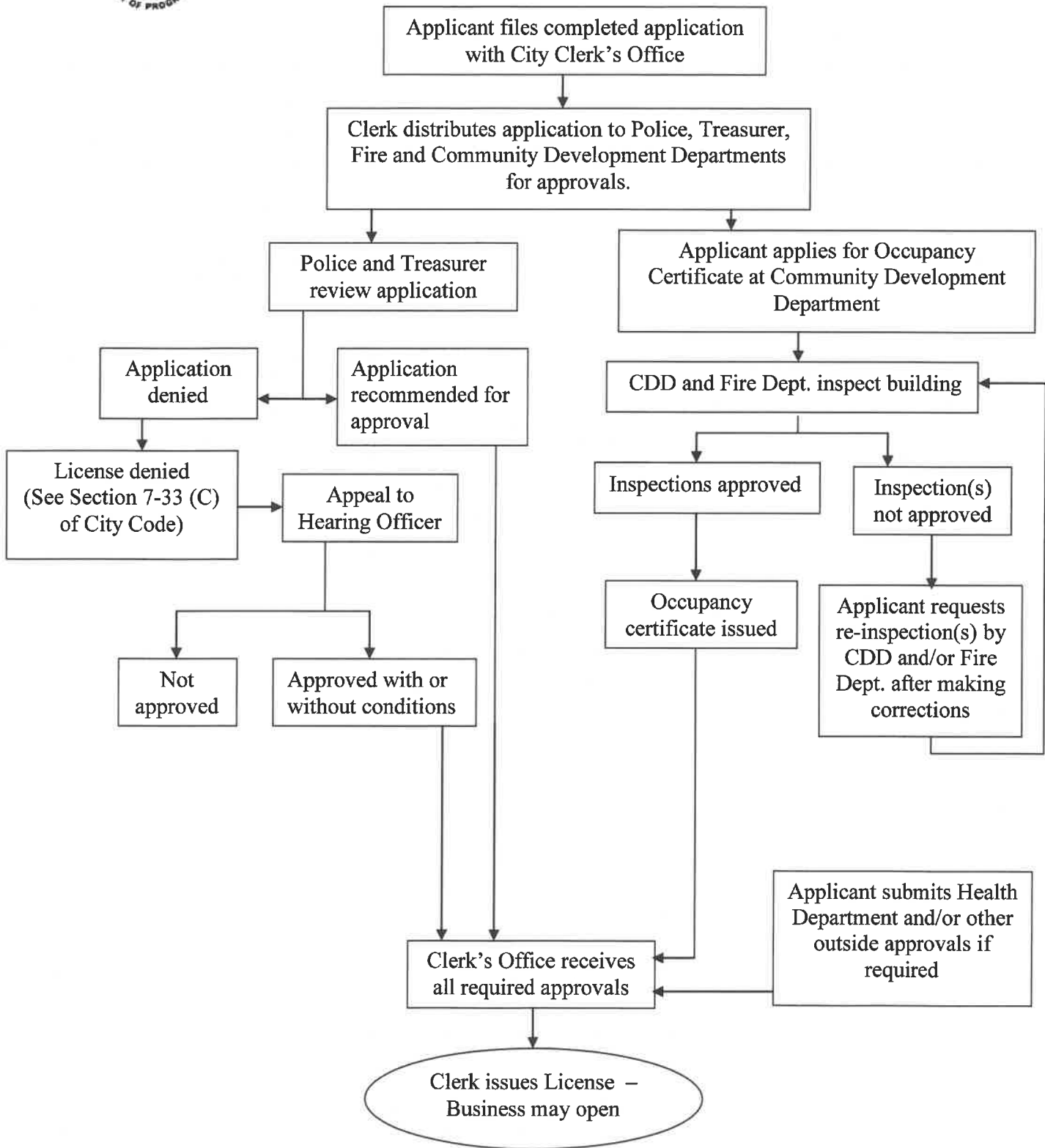
1. A Building Permit must be obtained for any interior or exterior building alternations.
2. Electrical, Plumbing and Mechanical permits must be obtained by licensed contractors for any work requiring said permits.
3. An electrical permit must be obtained for any type of alarm system installed. If the system is supervised (alarm company calls the police or fire department) the owner of the system must also obtain a license for the system from the Clerk's office.
4. An application for a **Certificate of Occupancy** must be filed with, and fee paid, to the **Community Development Department**.
5. An application for a **Commercial Business License** must be filed with and fee paid to the **City Clerk's Office**.
6. Prior to issuance of a Business License all inspections must be completed, departmental approvals received, and the Certificate of Occupancy must be issued.
7. A permit must be obtained from the OAKLAND COUNTY HEALTH DEPARTMENT if any type of food is served.

A business **MAY NOT BE OPENED** until a Business License has been approved by all required departments and has been issued by the City Clerk's Office.

Contact the COMMUNITY DEVELOPMENT DEPARTMENT at 583-0831 with any questions regarding permits or occupancy certificates, and the CLERK'S OFFICE at 583-0826 with questions about business licenses and alarm licenses. If Health Department approval is required, contact OAKLAND COUNTY HEALTH DEPARTMENT at (248) 424-7000. To contact the Fire Department for an inspection, please call (248) 588-3605.



INITIAL BUSINESS LICENSE APPLICATION FLOW CHART





MADISON HEIGHTS POLICE DEPARTMENT
BUSINESS LICENSE
ICHAT/ BACKGROUND CHECK APPLICATION

Submit completed Application to the Madison Heights Police Department Records Bureau located at 280 W. 13 Mile Road. The Records Bureau is open Monday – Friday between 12:30 – 4:30 pm.

Fees: \$15.00 per application – Cash or Check **ONLY**

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: _____

Male

Female

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: _____