



**CITY OF MADISON HEIGHTS
OFFICE OF THE CITY CLERK
BUSINESS LICENSE INITIAL 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: _____ Business Phone No. _____

Mailing Address: _____

Type of Business: _____

Is your business considered to be non-profit ___ charitable ___ religious ___ civic ___ educational ___ philanthropic?

(If you've chosen one of these options, you do not need to complete the remainder of the form, but must attach a copy of documentation confirming your non-profit tax/charitable status and return it to the Clerk's Office.)

Does your business include any form of massage? ___ Yes ___ No (If yes, additional information on pages 2 and 3 are required.)

List all goods sold or services provided in detail: (Describe all uses, goods sold and services provided. Use additional page if necessary.)

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

MESSAGE PARLOR AND MESSAGE ESTABLISHMENTS (continued)

Attach two portrait photographs of the applicant at least two inches by two inches. If the applicant is a corporation provide photographs of the president and if a partnership provide photographs of each partner, including a limited partner in a said partnership.

Have you previously operated or been employed at a massage parlor or massage establishment? ___Yes ___No

If yes, has a business license or permit ever been revoked, suspended or denied? ___Yes ___No

If yes, explain the reason why _____

Attach a copy of a valid State of Michigan Massage therapist license for each person who is, or will be, employed.

List the name and address of any massage parlor or massage establishment owned or operated by any person whose name is required to be given in relation to this application (Use separate sheet if necessary).

_____	_____	_____	_____	_____
Name of Business	Address	City	State	ZIP
_____	_____	_____	_____	_____
Type of Business	Telephone Number			

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 _____

OFFICE USE ONLY

Fee Paid \$ _____ Receipt Number _____ By _____

APPROVALS FOR COUNCIL CONSIDERATION: DATE

TREASURER. _____

POLICE DEPT. _____

APPROVALS FOR ISSUE:

DATE

BUSINESS LICENSE ISSUED:

COUNCIL ACTION _____

FIRE DEPT. _____

HEALTH DEPT. _____

C.D. DEPT. _____

(Date)

BUSINESS LICENSES/PERMITS

BUSINESS LICENSE FEES BY SQUARE FOOTAGE:

(Budget Resolution – Motion #139 of May 11, 2009)

Up to 5,000 sq. ft.	\$ 100.00
5,001 to 20,000 sq. ft.	\$ 200.00
20,001 to 50,000 sq. ft.	\$ 300.00
50,001 to 100,000 sq. ft.	\$ 400.00
Over 100,000 sq. ft.	\$ 500.00



City of Madison Heights

City Hall Municipal Offices
300 W. Thirteen Mile Road
Madison Heights, MI 48071

Department of Public Services
801 Ajax Drive
Madison Heights, MI 48071

Fire Department
31313 Brush Street
Madison Heights, MI 48071

Police Department
280 W. Thirteen Mile Road
Madison Heights, MI 48071

www.madison-heights.org

REQUIREMENTS FOR A BUSINESS LICENSE

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

Business License applications **WILL NOT** be submitted to the City Council for consideration unless approvals from the Treasurer and Police Department have been obtained by the Tuesday preceding the Monday Council Meetings. The business license will not be issued unless the business has been approved by City Council and **ALL** departmental 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 City Council and issued by the City Clerk's Office. Applicants will be notified by letter when their business license application is scheduled for consideration before City Council. Council meetings are the second and fourth Mondays of each month.

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.

Area Code (248)

Assessing.....	858-0776	Fire Department.....	583-3605	Nature Center	585-0100
City Clerk.....	583-0826	43rd District Court.....	583-1800	Police Department	585-2100
City Manager.....	583-0829	Housing Commission.....	583-0843	Purchasing.....	837-2602
Community Development.....	583-0831	Human Resources	583-0828	Recreation.....	589-2294
Department of Public Services.....	589-2294	Library	588-7763	Senior Citizen Center.....	545-3464
Finance	583-0846	Mayor & City Council	583-0829	Water & Treasurer	583-0845



INITIAL BUSINESS LICENSE APPLICATION FLOW CHART



