



# 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 certify that there shall be an appropriate certificate of occupancy for any structure this business occupies as well as waive and indemnify any liability to the City of Madison Heights if such affirmation is incorrect. 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 \_\_\_\_\_

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### **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 \$2,500.00

Checks payable to: City of Madison Heights.

Remit payment to: City of Madison Heights

City Clerk

300 W. 13 Mile Road

Madison Heights, MI 48071

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### **OFFICE USE ONLY**

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

### **APPROVALS FOR ISSUE:**

### **DATE**

TREASURER. \_\_\_\_\_

POLICE DEPT. \_\_\_\_\_

FIRE DEPT. \_\_\_\_\_

C.D. DEPT. \_\_\_\_\_

HEALTH DEPT. \_\_\_\_\_

### **BUSINESS LICENSE ISSUED:**