



**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 _____

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

OFFICE USE ONLY

Invoice Number _____ By _____

APPROVALS FOR ISSUE:

DATE

TREASURER. _____
POLICE DEPT. _____
FIRE DEPT. _____
C.D. DEPT. _____
HEALTH DEPT. _____

BUSINESS LICENSE ISSUED:
