



REQUIREMENTS FOR OBTAINING A BUSINESS LICENSE

The following is a list of requirements for obtaining a Business License in the City of Center Line.

1. An application for a Business License must be filed with the City Clerk's Office.
2. You will be notified in writing upon approval of the license. A fee of \$100 will then be due.
3. A criminal history waiver must be completed for **each** person listed on the application.
4. An application for a Certificate of Occupancy must be filled with the Building Department and the inspection must be completed before the Business license application can be approved. Fee for Certificate of Occupancy: \$300 for businesses under 50,000 square feet. \$400 for businesses over 50,000 square feet.
5. An Electrical Permit must be obtained for any electrical repairs or replacements. This permit must be obtained by a licensed contractor.
6. A Plumbing Permit must be obtained for any plumbing repairs or replacements. This permit must be obtained by a licensed contractor.
7. A Building Permit must be obtained for any interior or exterior building alterations.
8. If food will be offered for sale, a License must be obtained from the Macomb County Health Department.
9. All inspections must be completed and departmental approvals received **prior** to approval of a Business License and Certificate of Occupancy.
10. **A business MAY NOT BE OPENED until a Business License has been issued.**

If there are any questions, contact the City of Center Line at 757-6800.



BUSINESS LICENSE APPLICATION

Applicant's Name: _____

Date of Birth: _____ Driver's License Number: _____ State Issued: _____

Applicant's Home Address: _____

Assumed or Firm Names: _____

Applicant's Business Address: _____

Work Phone: _____ Cell Phone: _____ Email: _____

State Sales Tax License Number: _____ Business Lic. #: _____

Names and Addresses of all Officers and/or Managers and their dates of birth and home phone numbers (a waiver from the City of Center Line for a criminal history check must be completed for each person listed below):

1. Name: _____ Date of Birth: _____
Address: _____ Phone: _____
2. Name: _____ Date of Birth: _____
Address: _____ Phone: _____
3. Name: _____ Date of Birth: _____
Address: _____ Phone: _____

Business Location: _____ **Center Line, MI 48015**

Describe Business Schedule: _____
(Hours of Operation, Days of Operation, Seasonal, 24/7...)

Nature and quality of goods or service: _____

Manner of Operation: _____
(Established Location, foot, truck, etc.)

Kind of Advertising: _____

Has applicant or persons named above ever been charged or convicted of any non-traffic misdemeanor or felony criminal offense? Yes _____ No _____

If yes, state particulars: _____

I hereby certify that the above answers are correct and true.

Applicant's Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____, _____

My Commission Expires _____
Notary Public, County of Macomb, Michigan

APPROVED BY:

DEPARTMENT	SIGNATURE	DATE
Police Dept. Files		
Fire Department		
City Treasurer		
Building Dept.		
City Manager/Clerk		

License #: _____ Date Issued: _____ Fee Paid: \$ _____