



## 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: \$ \_\_\_\_\_