



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: \$ _____



CERTIFICATE OF OCCUPANCY APPLICATION

- RESULTS WILL BE ISSUED IN WRITING WITHIN 7 TO 10 DAYS
- RESULTS OF APPLICATION WILL NOT BE GIVEN OVER THE PHONE OR BY FAX
- Due to the volume of inspections, we are unable to schedule specified times. Inspections are performed between 9:00 A.M. and 4:00 P.M. on Tuesday and Thursday of each week, unless otherwise notified.
- The fee includes one (1) re-inspection, however, it does not include any permit fees, should there be any required by the inspection results. Fee by square footage: \$300 for up to 50,000 square feet, \$400 for over 50,000 square feet.
- There will be two (2) inspectors that will inspect the property. The inspectors do not travel together. Persons unable to be present during the inspection may leave a key with City Hall or install a lockbox and leave the combination with City Hall.
**Inspectors do not call before going to a property for inspection.

Building Address: _____ **Center Line, MI 48015**

Business Name: _____

Building Use: Comm: _____ Lt. Indus.: _____ Heavy Indus.: _____ Other: _____

Explain Use: _____

Applicant/Tenant Name: _____

(Print Full Name)

Home Address: _____

Telephone #: _____ Date of Birth: _____

Driver's License# (of applicant): _____ State Issued: _____

(A copy of Driver's License is required)

Building Owner: _____

(Print Full Name)

Owner address: _____

Total Square footage/Tenant Usage: _____ Sq. Ft. Width/Length: _____ No. of Floors: _____

Max. Number of Employees: _____ Largest Single Shift: _____

Date: _____ Applicant's Signature: _____



OFFICE USE ONLY:

DATE OF INSPECTION _____ RECEIPT # _____

Circle Fee: \$300 \$400
 0-50,000 sq. ft. Over 50,000 sq. ft.

7070 E. 10 Mile Rd., Center Line 48015 - 586-757-6800

www.centerline.gov

"Smalltown Lifestyle in the Heart of Metro-Detroit"



CRIMINAL HISTORY/BACKGROUND APPLICATION

I, the undersigned, authorize **City of Center Line** to conduct a criminal history file check by name and identifiers to determine the existence of any arrest resulting in conviction.

Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State: _____

Name of Business: _____

Business Address: _____

Signature of Applicant 

Date: _____

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