

David Hanselman Mayor

John B. Michrina City Manager-Clerk

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. You will be notified in writing upon approval of the license. A fee of \$100 will then be due.
- 2. A criminal history waiver must be completed for **each** person listed on the application.
- 3. 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.
- 4. An Electrical Permit must be obtained for any electrical repairs or replacements. This permit must be obtained by a licensed contractor.
- 5. A Plumbing Permit must be obtained for any plumbing repairs or replacements. This permit must be obtained by a licensed contractor.
- 6. A Building Permit must be obtained for any interior or exterior building alterations.
- 7. If food will be offered for sale, a permit must be obtained from the Macomb County Health Department.
- 8. All inspections must be completed and departmental approvals received **prior** to approval of a Business License and Certificate of Occupancy.

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.

Roger A. Pinch Chief Building Inspector

CITY OF CENTER LINE CERTIFICATE OF OCCUPANCY APPLICATION

PLEASE READ THE PARAGRAPH'S BELOW, CONCERNING YOUR INSPECTION

RESULTS WILL BE GIVEN <u>IN WRITING</u> WITHIN 7 TO 10 DAYS NO INFORMATION WILL BE GIVEN OVER THE PHONE OR BY FAX

	1.
PLEASE NOTE!! The fee includes one (1) re-inspection, however, it does not incl permit fees, should there be any required by the inspection results. Fee by square \$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 together. Persons unable to be present during the inspection may leave a key with City install a lockbox and leave the combination with City Hall. **Inspectors do not call befort to a property for inspection.	y Hall oi
Building Address:	
Business Name:	
Building Use: Comm: Lt. Indus.: Heavy Indus.: Other:	
Explain Use:	
Applicant/Tenant Name:	
Home Address:	
Telephone #: Date of Birth:	
Driver's License# (of applicant)(A copy of the applicant's driver's license is also needed)	
Building Owner:	
Owner address:	
Total Square footage/Tenant Usage: No. of Floors:	
Width/Length: Max. Number of Employees: Largest Single Shift:	
Date:Applicant's Signature: Print Name:	
OFFICE USE ONLY:	
DATE OF INSPECTIONRECEIPT #	

Circle Fee: \$300 \$400

0-50,000 sq. ft. Over 50,000 sq. ft.

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name and identifiers to determine the	e 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:

I, the undersigned, authorize City of Center Line to conduct a criminal history file check by

David W. Hanselman Mayor



Signature of Applicant

John B. Michrina City Manager-Clerk

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:	
	Date:

I, the undersigned, authorize City of Center Line to conduct a criminal history file check by

David W. Hanselman Mayor



Signature of Applicant

John B. Michrina City Manager-Clerk

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:	
	Date:

I, the undersigned, authorize City of Center Line to conduct a criminal history file check by

David W. Hanselman Mayor



John B. Michrina City Manager-Clerk

	Center Line to conduct a criminal history file check by 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:

City of Center Line 7070 E. Ten Mile Road Center I Center Line, MI 48015 Phone: (586) 757-6800 Fax: (586)755-0790

APPLICATION FOR BUSINESS LICENSE/REGISTRATION

Applicant's Name:				
Date of Birth:				
Driver's License Number:		Home Phone:		
Applicant's Home Address:				
Business Phone:	State Sales Tax License Number:			
	ficers and/or Managers and their a criminal history check must be			
1. Name		Date of Birth:		
Address		Home Phone:		
2. Name		Date of Birth:		
Address		Home Phone:		
Location of Business:				
	operated:			
_	service:			
Manner of Operation				
·	Established Location, foot, truck, etc.			
Kind of Advertising:				
Has applicant or persons name	d above ever been charged or co	onvicted of any non-traffic	misdemeanor or felony	
criminal offense? Yes	No			
If yes, state particulars:				
I hereby certify that the above a	answers are correct and true.			
Applicant's Signature		Date		
	e me this day of	7		
My Commission Expires	Notary P	ublic, County of Macomb, Mich	igan	
		asio, county or maconia, men	.54	
APPROVED BY:				
DEPARTMENT	SIGNATU	IRE	DATE	
Police Dept. Files				
Fire Department				
City Treasurer				
Building Dept.				
City Manager/Clerk				
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License #:	Date Issued:	Fee P	aid: \$	