



CITY OF HIGHLAND PARK

Return to Excellence

Brenda Green
City Clerk

DeAndre Windom
Mayor

*****NOTE: APPLICATION MUST BE TYPED AND TURNED IN 30 (THIRTY) DAYS PRIOR TO OPENING BUSINESS**

Official Use Only: License Number _____ Date Applied _____ New Renewal

CITY OF HIGHLAND PARK **APPLICATION FOR BUSINESS LICENSE**

The undersigned hereby applies for a license under the provisions of Ordinance No. 802 of the City of Highland Park. It is understood by the applicant that any license granted upon this application shall be revocable at the will of the Council of the City of Highland Park. Failure to complete this application truthfully and in its entirety is basis for denial of the issuance of the business license.

PERMIT YEAR IS MAY 1 THROUGH APRIL 30. ALL BUSINESS LICENSES EXPIRE APRIL 30th OF EACH YEAR. FEES MUST ACCOMPANY THIS APPLICATION. FEES ARE NON-REFUNDABLE.

Business Name _____

For-Profit Corporation Non-Profit Corporation Limited Liability Company Partnership Sole Proprietorship
(If a Partnership, include previous information for all partners. If a Corporation, include previous information for all current officers, directors and principal stockholders. Also include information for other persons having a financial interest in the business and the principal operators of the business. Use attachments if necessary.)

Assumed, trade, or firm name(s) under which this business is to be conducted (e.g., "doing business as"):

Business Address _____ Phone (____) _____ Alternate (____) _____

Applicant Name _____ Title _____

(Applicant must present applicable licenses for operation, certificate of occupancy, Social Security number, driver's license number and police clearance if new license.)

Contact Person _____ Address _____ Phone _____
(If different from Applicant)

Hours of operation: Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

Number of full-time employees _____ Number of part-time employees _____ Number of Parking Spaces _____

Nature and type of business proposed to be conducted, and manner of operation (Describe fully)

Nature, character, and quality of goods, wares, merchandise or services to be sold or offered for sale (Describe fully)

Will you store any dangerous chemicals or materials on site? No Yes (If yes, please see additional disclosure form)

Building Alarmed? No Yes Alarm Company Name _____ Phone (____) _____

I hereby affirm that the information I have provided is true and correct. [Must be signed by manager or owner.]

Print Name _____ Signature _____ Date _____

Manager Owner

TYPE OF LICENSE YOU ARE APPLYING FOR (Please check all that apply):
BASIC LICENSE AND FEE ARE REQUIRED OF ALL APPLICANTS, IN ADDITION TO THE SPECIFIC CATEGORY OF LICENSE FEES. IN ADDITION TO THE LICENSING FEES, THERE IS A MANDATORY TEN-DOLLAR (“\$10.00”) CHARGE IN ORDER TO PROCESS A REQUIRED INFORMATION/BACKGROUND CHECK FOR NEW APPLICANTS.

Please make checks and money orders payable to “City of Highland Park” and mail to:

Attention: Brenda Green, City Clerk
 City of Highland Park
 12050 Woodward Avenue
 Highland Park, MI 48203

<u>Type of License</u>	<u>Fee</u>	<u>Type of License</u>	<u>Fee</u>
<input type="checkbox"/> Basic (required)	100.00	<input type="checkbox"/> Restaurant / Microwave	100.00
<input type="checkbox"/> Cabaret – Class A	175.00		
<input type="checkbox"/> Cabaret – Class B	100.00		
<input type="checkbox"/> Cabaret – Class C	100.00	<input type="checkbox"/> Rooming House	
<input type="checkbox"/> Cigarettes	20.00	<input type="checkbox"/> Minimum	50.00
<input type="checkbox"/> Convalescent Home	150.00	<input type="checkbox"/> Maximum	150.00
<input type="checkbox"/> Fingerprints (when required by ordinance)	20.00	<input type="checkbox"/> Second Hand Goods (bond required)	75.00
<input type="checkbox"/> Foster Care / Group Home	200.00	<input type="checkbox"/> Second Hand Jewelry (bond required)	75.00
<input type="checkbox"/> Gasoline Station	75.00	<input type="checkbox"/> Theater (9 inch screen)	300.00
<input type="checkbox"/> Self Service	100.00	<input type="checkbox"/> Trailer Rental	
<input type="checkbox"/> Pumper	25.00	<input type="checkbox"/> 1 to 20	150.00
<input type="checkbox"/> Hotel / Motel	300.00	<input type="checkbox"/> 21 or more	225.00
<input type="checkbox"/> Junk Dealer / Buyer (bond required)	75.00	<input type="checkbox"/> Used Auto Parts (bond required)	100.00
<input type="checkbox"/> Mechanical Amusement Device		<input type="checkbox"/> Vendor’s Sticker # _____	
<input type="checkbox"/> Coin-Operated Mechanical Device		<input type="checkbox"/> Frozen Desserts	250.00
<input type="checkbox"/> Coin-Operated Musical Device		<input type="checkbox"/> Handcart	50.00
<input type="checkbox"/> Motion Picture Device		<input type="checkbox"/> Kiosks (per month)	75.00
<input type="checkbox"/> Proprietors (Each)	100.00	<input type="checkbox"/> Wagon	100.00
<input type="checkbox"/> Distributors (Each)	100.00	<input type="checkbox"/> Vending Machine(s)	
<input type="checkbox"/> 1 to 25 Devices	250.00	<input type="checkbox"/> 1 to 5	75.00
<input type="checkbox"/> 26 to 50 Devices	300.00	<input type="checkbox"/> 6 to 10	100.00
<input type="checkbox"/> 51 to 75 Devices	350.00	<input type="checkbox"/> 11 to 20	125.00
<input type="checkbox"/> 76 to 100 Devices	400.00	<input type="checkbox"/> 21 to 40	150.00
<input type="checkbox"/> 101 to 200 Devices	450.00	<input type="checkbox"/> 41 to 70	175.00
<input type="checkbox"/> Over 200	500.00	<input type="checkbox"/> 71 to 100	225.00
<input type="checkbox"/> Pool Table	75.00	<input type="checkbox"/> Over 200 (each)	100.00
<input type="checkbox"/> Public Auction / Auctioneers	125.00	<input type="checkbox"/> Washing, Cleaning & Polishing Motor Vehicles	150.00
<input type="checkbox"/> Pawn Shop	300.00	<input type="checkbox"/> Business License Renewal	
Fire Inspection for business (New Applicants)	150.00	<input type="checkbox"/> (Background Check (New Applicants))	10.00

CITY / DEPARTMENT USE ONLY

All clearances needed for new businesses. For business license renewal, only Clerk and Treasurer approval/review needed.

Department Approvals / Review:

City Clerk _____ Date _____

Treasurer _____ Date _____

Property / Personal Taxes Owed? Yes No

Police Clearance _____ Date _____

Fire Inspection _____ Date _____

Zoning Clearance _____ Date _____

(Community & Economic Development)



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DISCLOSURE FORM

******Please Provide a Copy of Certificate of Occupancy and Applicant's Driver's License******

Applicant Name _____ Business Name _____

Emergency Contact Name _____ Phone (____) _____ Relationship _____

Emergency Contact Name _____ Phone (____) _____ Relationship _____

Did you purchase an existing business? No Yes Previous Business Name _____

Date of Occupancy? _____

Are you the owner of the property? No Yes Are you leasing the property? No Yes

If a corporation, please provide name and address of resident agent _____

Does applicant currently operate or had previously operated a business in this or any other state? No Yes

Have you previously done business in the City of Highland Park? No Yes

When?	Address of Previous Business	State Tax I.D. and/or State Tax Number

Has the applicant ever had a business license revoked or suspended? No Yes (If yes, please provide the following information)

Name/Location _____

Reason(s) for revocation or suspension _____

Any prior criminal, misdemeanor or a violation of any municipal ordinance convictions for any applicants, partners or officers (if corporation)? No Yes (If yes, attach a separate sheet for each individual detailing the dates of conviction(s), nature of the crime(s) and court or tribunal where the matter was adjudicated.)

*****Note: Any debt to the City of Highland Park must be paid before a license is issued.**

I, _____, do hereby acknowledge and subscribe to the foregoing instrument and declare all statements to be true. I authorize the City of Highland Park, its agents, and employees to seek information and conduct an investigation to verify the veracity of the information provided, including record checks of all individuals listed on this application.

Applicant's Signature _____ Date _____

Approved Date of Approval _____ Initial _____ **Denied** Reason _____