

OAK PARK

14000 Oak Park Blvd., Oak Park, MI 48237 • (248) 691-7400 • www.OakParkMI.gov

Business License Process and Application

The City of Oak Park requires all businesses to obtain a business license prior to opening a business in the city. The purpose of a business license is to ensure that a business is operating in the correct zoning district and the businesses are operating safely and in compliance with the Building and Fire Codes.

In addition, the business-license process helps the city understand the city's business community. The information obtained on the Business License Application will help make the City's Planning, Economic Development, Public Safety and Public Works more responsive to the business community's needs.

The annual \$150 business-license fee covers the cost of processing, inspecting and administering the program. The license year begins Jan. 1 of each year and terminates at midnight on Dec. 31 of that year.

Steps to be completed prior to opening your business

Before opening your business to the public and/or beginning to conduct transactions, the following process must be followed, and all required approvals must be received:

- 1) A fully completed Business License Application must be submitted and the \$150 fee paid.
- 2) Verification by the Planning Division that the business is correctly zoned.
- 3) Fire Marshall inspection.
- 4) Building Division inspection.
- 5) City Council approval of the business license

Important: When you are ready to open your business, it is the responsibility of the business owner to call the city (248) 691-7450 for all required inspections. All requests for re-inspections (fire or building) should be made by calling (248) 691-7450. A new Certificate of Occupancy will be issued when all inspections have been satisfied as part of the business-license process. Required licenses from state and county health departments, the State Department of Agriculture or other agencies must be provided to the City of Oak Park prior to opening. Failure to follow the above process will result in delays to the business opening.

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Business License Pre-Inspection Checklist

Please review this checklist before inspections take place. Any deficiencies may lead to the delay of your business opening.

1. Fire extinguishers:

- Each fire extinguisher must have a minimum rating of 2A:10BC
- A portable extinguisher must be available within 75 feet of travel to all portions of the building, unobstructed and clearly visible.
- The date of the last extinguisher service must be within the last 12 months.

2. Exits:

- The exit door(s), corridor and stairs must be clear and unobstructed.
- The exit door(s) opens without slide locks or bolts.

3. Combustible materials:

- Combustible materials are at least 3 feet from appliances.
- Flammable liquids are stored in approved container, cabinets or safety cans.
- Combustible materials are not to be stored under a staircase.
- No storage of material within 2 feet of the ceiling.

4. Interior and exterior:

- Walls and ceilings are free from holes, loose paint, cracks, etc. All ceiling tiles are in place and free from damages and stains.

5. Restrooms:

- Code compliant sign must be installed adjacent to the restroom door.

6. Address numbers:

- Numbers that indicate the building address must be clearly visible from the street side of the building. Minimum of 4 inches high and ½ inch wide in contrasting color to the background. Including suite numbers.

7. Electrical:

- Wall outlets, switches and all electrical boxes shall have cover plates and are not overloaded.
- Cords and cables are in good condition.
- Extension cords are U.L. listed outlet bar type (surge-protector style).
- Wall outlets by water sources must be GFCI outlets.
- Electrical panel circuits must be labeled.
- All exit/egress lights must function properly.

8. Trash dumpsters:

- The dumpster is at least 10 feet from any building.

9. Fire alarm (as applicable):

- The fire alarm system is in working condition; it has been serviced and tested by a state-licensed fire-alarm contractor within the past 12 months (keep a copy of the report on file).

10. Fire sprinkler/standpipe systems:

- A state-licensed fire-suppression contractor has conducted a test of the system within the past five years.
- There is at least 18 inches clearance below the fire-sprinkler heads.
- The system is maintained in working condition.

11. Contact numbers:

- Names and phone numbers of people to contact in case of emergency (alarm, broken window, etc.) are to be given to the Public Safety Department.

12. Burglar alarm:

- If a building is alarmed, what company is it through, name and telephone number? If not alarmed, are there future plans for an alarm?

13. Licenses:

- Provide a copy of any state, or county license or permit required to operate your business.

14. Exterior lighting:

- Note any exterior lighting on your building and whether it is motion-activated or not.

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Business License Application

Please fill out completely

Fee: \$150

License number: _____

Business information

Business name: _____

Address: _____ Suite: _____

Business phone: _____ Fax: _____

E-Mail: _____ Website: _____

Mailing address (if different from above)

Name: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Business type (check one):

- | | | |
|--|---|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Restaurant, sit-down | <input type="checkbox"/> Restaurant, carry-out |
| <input type="checkbox"/> Daycare | <input type="checkbox"/> Office | <input type="checkbox"/> Auto service or repair |
| <input type="checkbox"/> Gas station | <input type="checkbox"/> Industrial | <input type="checkbox"/> Bank, credit union, financial |
| <input type="checkbox"/> Hair / nail salons, barber shops - # of stations: _____ | | <input type="checkbox"/> Warehouse (type) _____ |
| <input type="checkbox"/> Other (please describe): _____ | | |

Please describe nature of your business: _____

Number of employees: _____ Proposed opening date (subject to approval): _____

Square footage of business/building _____ Number of parking spaces available on site _____

Ownership: Corporation Individual Partnership LLC Limited partnership

Corporation name: _____

Qualified agent name: _____

Business owner(s) information:

(1) Name: _____ Driver's license #: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

(2) Name: _____ Driver's license #: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

(Cont.)

Building owner or management company information:

Name: _____ Qualified agent name: _____
Address: _____ City: _____
State: _____ Zip: _____
Phone: _____ Email: _____

Emergency contact information (after hours):

Name: _____ Phone: _____
Title: _____ Email: _____

Name: _____ Phone: _____
Title: _____ Email: _____

Alarm company:

Name: _____ Phone: _____
Street: _____ City: _____
State: _____ Zip: _____

Please attach a list of any flammable or toxic materials stored in your building.

I hereby certify that I am the owner or am authorized to act on behalf of the owner, of the above-described business. I further certify that to the best of my knowledge this is a true and correct application and understand the falsification of this application is cause for revocation or suspension of this license.

Signature of applicant

Date

City office use only

Denial date: _____ Reason for denial: _____

Planning approval: _____ Date: _____

Zoning: _____ Conditions: _____

Building approval: _____ Date: _____