



Technical and Planning
Department

**CITY OF OAK PARK, MICHIGAN
APPLICATION FOR BUSINESS LICENSE**

Please fill out COMPLETELY and return with FEE \$150.00

Note: This application does not constitute permission to open for business

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

WEBSITE: _____

BUSINESS OWNER: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

DRIVER'S LICENSE NUMBER: _____

HOME PHONE: _____

EMAIL ADDRESS: _____

CONTACT PERSON: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____

EMAIL ADDRESS: _____

Office Use Only

Lic : _____

Fee: _____

Penalty: _____

Exp. Date: _____

PLANNING

Approval: _____

Date: _____

Zoning: _____

Sid# _____

BUILDING USE

Approval: _____

Date: _____

**BUILDING
INSPECTION**

Approval: _____

Date: _____

Please check the appropriate box(es)

- Merchant (Retail) (type) _____
- Merchant (Wholesale)
- Gas Station (# of nozzles/pumps) _____
- Professional (type) _____
- Sole Owner
- Partnership
- Corporation
- Other _____

ADDITIONAL INFORMATION

Did you Purchase an Existing Business? _____
(Previous Business Name) (Previous Owner Name)

Total # of parking spaces available to your business? ___ # of employees? ___ Sq. footage of your business? ___

Describe the nature of your business in detail _____

APPLICANT SIGNATURE _____ **DATE** _____