



## Rental Unit Business License Application (Apartments & Hotels)

In accordance with Chapter 5.25 of the City of Wixom Municipal Code all owners of rental units located within the City of Wixom are required to submit a completed application form and a **\$75** fee for the business license and **\$150** fee for business which require life safety inspections which shall be made payable to the City of Wixom (check or cash). Complete all applicable information and return to City of Wixom Building Department, 49045 Pontiac Trail, Wixom, MI 48393. Please **type or print** clearly in ink. Questions may be addressed to the Construction & Development Services at 248-624-0880.

### Rental Unit Owner Information:

**Rental Location Address:** \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Applicant Information:

**Individual/Corporation/Partnership/L.L.C Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Management Agent/Manager Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Local Agent Name:** \_\_\_\_\_  
Current Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_



**Additional Information:** Applicant must provide all information as specified in the Residential Rental Unit Business License Checklist.

I hereby attest that the above stated information is true to the best of my knowledge. I understand that failure to register any residential rental dwelling unit(s) within the City of Wixom or the submission of false information on this form may result in a municipal civil infraction in accordance with the provisions of City Ordinance.

The signing of this application is authorization for the City, its independent contractors and employees, to seek information, conduct the required investigations and inspections.

\_\_\_\_\_  
Owner or Local Agent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title (If applicable)

\_\_\_\_\_  
Company Name



### Rental Unit Inspection Form

All owners of residential rental dwelling units located within the City of Wixom are required to submit a completed Inspection form and an **\$85** fee payable to the City of Wixom (check or cash). Complete all applicable information and return to City of Wixom Building Department, 49045 Pontiac Trail, Wixom, MI 48393. Please **type or print** clearly in ink. Questions may be addressed to the Building Department at 248-624-0880.

**Owner(s):**

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Responsible Local Agent (if applicable):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Responsible Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Address of Property to be certified:**

Property Address: \_\_\_\_\_ Property ID #: \_\_\_\_\_

Subdivision Name (if applicable): \_\_\_\_\_ Lot #: \_\_\_\_\_

Apartment Complex Name: \_\_\_\_\_ Building #: \_\_\_\_\_ Unit #: \_\_\_\_\_

**I hereby attest that the above stated information is true to the best of my knowledge. I understand that failure to register any residential rental dwelling units within the City of Wixom or the submission of false information on this form may result in a municipal civil infraction in accordance with the provisions of City Ordinance.**

**The signing of this application is authorization for the City, its independent contractors and employees, to seek information, conduct the required investigations and inspections.**

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Local Agent Signature

\_\_\_\_\_  
Date

**Attachments needed:**

- Proof that the applicant and Manager is at least eighteen (18) years of age
- Copy of picture identification such as a Driver's License which bears a date of birth for the individual, the designated individual for the corporation, partnership or limited liability company, and the Manager, or a Driver's License without a photograph and other government issued identification containing a photograph
- Business, occupation, or employment of the applicant for the three (3) years immediately preceding the date of application
- The Rental Unit Business or similar business history of the applicant(s)
- Statement of whether or not the applicant(s) has previously operated a Rental Unit Business in this or another municipality or state
- Statement of whether or not the applicant(s) has had a Business License of any kind revoked or suspended and the reason therefore
- The name, address, telephone number, birth dates, and Driver's License number of each individual who will be a Manager or in charge of each Rental Unit Business
- A list of the rooms, units, suites, or beds contained in the Rental Unit Business, specifying the dimensions of each room, the number of sanitary facilities, and the maximum number of individuals that would result in full capacity of the Rental Unit Business
- Authorization for the City, its independent contractors and employees, to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant and Manager
- Evidence of current valid General Liability Insurance - Declaration Page ONLY
- All information required by this section shall be provided at the applicant's expense.