



AMBULANCE

BUSINESS LICENSE APPLICATION

OFFICE OF THE CITY CLERK
ONE CITY SQUARE, SUITE 205
WARREN, MI 48093-2393
(586) 574-4557 / FAX (586) 574-4556

FEES:

FIRST AMBULANCE: \$35.00
EACH ADDITIONAL VEHICLE: \$15.00
LICENSE EXPIRES: December 31 ANNUALLY

10% late fee for renewal applications received after this date

I hereby apply for a license to operate an Ambulance Service within the City of Warren in compliance with the Code of Ordinances of the City of Warren. (Chapter 5, Article I, Section 5-1 thru 5-2, Article II, Section 5-16 thru 5-24)

NEW RENEWAL

PLEASE COMPLETE APPLICATION IN FULL

COMPANY NAME: _____ PHONE: _____

COMPANY ADDRESS: _____
street city state zip

OWNER NAME: _____ PHONE: _____

HOME ADDRESS: _____
street city state zip

DATE OF BIRTH: ____/____/____

EMAIL ADDRESS: _____

APPLICANT NAME: _____ PHONE: _____

APPLICANT ADDRESS: _____
street city state zip

SEND CORRESPONDENCE BY: EMAIL: _____ MAIL ONLY

By signing this application, the applicant is declaring that the ambulance operation will meet the terms of the proposed license and will meet all standards and comply with the rules of the Public Health Code and state laws for emergency medical services. I certify that all statements on this application are true. I understand that any false information may result in the revoking of the above license

Signature: _____

Print Name: _____

Preferred Mailing Address: Business Address Applicant Address ATTN: _____

Other: _____
street city state zip

REQUIREMENTS:

- Liability Insurance** with respect to bodily injury of \$100,000.00 for each person, \$300,000.00 for each occurrence, \$10,000.00 for property damage, and must have **TEN (10) DAY NOTICE OF CANCELLATION. (City of Warren must be listed as Certificate Holder & Additional Insured)**
- Schedule of rates and charges for the transportation of persons**
- Copy of Michigan State Sales Tax License (if sales tax is charged)**
- Certificates of vehicle inspections signed by a state licensed Mechanic and the Police Commissioner**
- Attached certified copy of ambulance operation license and any other licenses issued under the Public Health Codes**
- Copy of Owner or Applicant's Driver's License or State ID**

NOTE: This license is non-transferable & non-refundable

Applications are forwarded to City Council by the Police Commissioner with his findings and recommendation. Upon receipt of a Resolution from Council authorize the granting of said license (**required on both original and renewal applications**), the City Clerk will issue the license.

OFFICE USE ONLY**DEPARTMENT APPROVAL:**

POLICE: COUNCIL: _____

Issued by: _____ Computer Entry Paper License Resolution Sent to Council: LICENSE PLATE(S): _____

LICENSE EXPIRES: 12/31/20____ FEE \$ _____

LATE FEE* \$ _____

AMBULANCE LICENSE NO. _____ * Applied if renewal application received after 12/31

PAID OTC MAIL

Description or reproduction of all advertisements and other characteristics by which the ambulance operation is designated:

Geographical service area in which the ambulance operation shall accept primary responsibility for providing ambulance services:

Description of the location or locations at which ambulances will be based:

Number of vehicles being licensed (along with attached list):

Previous Experience:

* In accordance with the Warren Code of Ordinances mandated in Section 18-9: No license shall be issued or renewed under the provisions of this chapter or any other ordinance of the city until any and all personal property taxes, levied and assessed against such person by the city which may be due and payable at the time of the filing of the application for such license, shall have been paid (Applies to Warren businesses only) / THIS LICENSE IS NON-TRANSFERABLE & NON-REFUNDABLE

VEHICLE LIST

COMPANY NAME: _____

LICENSE NO. _____

PLATE NO. ISSUED BY CLERK: _____

Ambulance No.

Vin No.

Make & Model

License Plate No.

Year

Mileage

PLATE NO. ISSUED BY CLERK: _____

Ambulance No.

Vin No.

Make & Model

License Plate No.

Year

Mileage

PLATE NO. ISSUED BY CLERK: _____

Ambulance No.

Vin No.

Make & Model

License Plate No.

Year

Mileage

PLATE NO. ISSUED BY CLERK: _____

Ambulance No.

Vin No.

Make & Model

License Plate No.

Year

Mileage

PLATE NO. ISSUED BY CLERK: _____

Ambulance No.

Vin No.

Make & Model

License Plate No.

Year

Mileage

PLATE NO. ISSUED BY CLERK: _____

Ambulance No.

Vin No.

Make & Model

License Plate No.

Year

Mileage

PLATE NO. ISSUED BY CLERK: _____

Ambulance No.

Vin No.

Make & Model

License Plate No.

Year

Mileage

PLATE NO. ISSUED BY CLERK: _____

Ambulance No.

Vin No.

Make & Model

License Plate No.

Year

Mileage

VEHICLE LIST

COMPANY NAME: _____

LICENSE NO. _____

PLATE NO. ISSUED BY CLERK: _____

Ambulance No.

Vin No.

Make & Model

License Plate No.

Year

Mileage

PLATE NO. ISSUED BY CLERK: _____

Ambulance No.

Vin No.

Make & Model

License Plate No.

Year

Mileage

PLATE NO. ISSUED BY CLERK: _____

Ambulance No.

Vin No.

Make & Model

License Plate No.

Year

Mileage

PLATE NO. ISSUED BY CLERK: _____

Ambulance No.

Vin No.

Make & Model

License Plate No.

Year

Mileage

PLATE NO. ISSUED BY CLERK: _____

Ambulance No.

Vin No.

Make & Model

License Plate No.

Year

Mileage

PLATE NO. ISSUED BY CLERK: _____

Ambulance No.

Vin No.

Make & Model

License Plate No.

Year

Mileage

PLATE NO. ISSUED BY CLERK: _____

Ambulance No.

Vin No.

Make & Model

License Plate No.

Year

Mileage

PLATE NO. ISSUED BY CLERK: _____

Ambulance No.

Vin No.

Make & Model

License Plate No.

Year

Mileage