



# CATERING

**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: \$15.00 per vehicle**  
**\$25.00 Catering Business \***  
*\* only if business is located in Warren*  
**LICENSE EXPIRES: March 31 ANNUALLY**  
*10% late fee for renewal applications received after this date*

I hereby apply for a license to operate a catering business within the City of Warren in compliance with the Code of Ordinances of the City of Warren. (Chapter 14)

NEW  RENEWAL

**PLEASE COMPLETE APPLICATION IN FULL**

BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
street city state zip

OWNER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
street city state zip

EMAIL ADDRESS: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_  
street city state zip

**IF APPLICABLE:**

NUMBER OF VEHICLES USED: \_\_\_\_\_

TYPES OF VEHICLES & LICENSES: \_\_\_\_\_

SEND CORRESPONDENCE BY:  EMAIL: \_\_\_\_\_  MAIL ONLY

I certify that all statements on this application are true. I understand that any false information may result in the revoking of this license.

Signature: \_\_\_\_\_

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

Preferred Mailing Address:  Business Address  Owner Address  ATTN: \_\_\_\_\_

Other: \_\_\_\_\_  
street city state zip

**REQUIREMENTS:**

**Copy of your State of Michigan Mobile Food License issued by the County Health Department**

*If your business is located in the City of Warren and you do not have a copy of the above license, you may obtain Macomb County's Health Department approval instead.*

**\* 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 NOT TRANSFERABLE & NON-REFUNDABLE**

**\* Note: New dwelling or new owner must obtain a new Certificate of Compliance from the Building Department**

**OFFICE USE ONLY**

DEPARTMENT APPROVAL:

HEALTH DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

Issued by: Computer Entry  Paper License  License Plate(s): \_\_\_\_\_

LICENSE EXPIRES: 03/31/20 \_\_\_\_\_ FEE \$ \_\_\_\_\_

LATE FEE\* \$ \_\_\_\_\_

CATERING LICENSE NO. \_\_\_\_\_ *\* Applied if renewal application received after 03/31*

PAID  OTC  MAIL