



CONCERT, PLAY, MUSICAL PERFORMANCE MOTION PICTURE OR VAUDEVILLE EXHIBITION

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

FIRST DAY \$50.00
EACH SUBSEQUENT DAY: \$15.00

I hereby apply for a license to put on a concert, play, musical performance, motion picture, or vaudeville exhibition within the City of Warren in compliance with the Code of Ordinances of the City of Warren. (Chapter 6, Article VI, Division I, Sec. 6-136 thru 6-137, Division II, Sec. 6-151 thru 6-153)

PLEASE COMPLETE APPLICATION IN FULL

NAME OF ESTABLISHMENT: _____ PHONE: _____

BUSINESS ADDRESS: _____ Warren, MI
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

DESCRIPTION OF BUSINESS: _____

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 Driver's License or State ID

* 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:			
POLICE: <input type="checkbox"/>	FIRE: <input type="checkbox"/>	HEALTH:	DATE:
Issued by:	Computer Entry <input type="checkbox"/>	Paper License <input type="checkbox"/>	
LICENSE EXPIRES: _____			FEE \$ _____
CONCERT, PLAY, MUSICAL PERFORMANCE			
MOTION PICTURE OR VAUDEVILLE EXHIBITION LICENSE NO. _____			
		<input type="checkbox"/> PAID	<input type="checkbox"/> OTC <input type="checkbox"/> MAIL