HANDBILL



HANDBILL LICENSE NO.

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: 1 Year - \$75.00 3 Months - \$50.00

1 Week - \$30.00 1 Day - \$20.00

LICENSE EXPIRES: ___

PAID

☐ OTC ☐ MAIL

I hereby apply for a license to distr		City of Warren in comp	liance with the Code of	f Ordinances of the Cit	y of Warren.		
(Chapter 3, Article II, Section 3-16) NEW RENEWAL			PLEASE COMPLETE APPLICATION IN FULL				
BUSINESS NAME:		PHONE:					
BUSINESS ADDRESS:							
BUSINESS ADDRESS:	street	city	state	zip			
TYPE OF BUSINESS:		,		·			
APPLICANT NAME:		PHONE:					
APPLICANT ADDRESS:							
	street	city	state	zip			
DISTRIBUTING PERIOD:	START DATE:		END DATE:				
NUMBER O	F PERSONS DISTRIBUTI	ING:	(Please compl	ete attached list)			
SEND CORRESPONDENCE BY:	EMAIL:				MAIL ONLY		
I certify that all statements on t	this application are true.	. I understand that an	y false information n	may result in the revo	oking of this		
Signature:	:						
Print Name	`						
Preferred Mailing Address		Owner Address	ATTN:				
-	Other:						
		street	city	state	zip		
REQUIREMENTS:							
☐ You must register v	with the Police Departr	ment on each day th	at distribution of h	andbills is to be			
made within the ci	ty.						
* In accordance with the Warren Co this chapter or any other ordinance which may be due and payable at t only) / THIS LICENSE IS NOT TRAN	e of the city until any and a the time of the filing of the a	II personal property tax application for such lice	es, levied and assessed	d against such person	by the city		
* Note: New dwell	ling or new owner must obt	tain a new Certificate o	f Compliance from the	Building Department			
HOURS OF DISTRIBUTION:	IT SHALL BE UNLAWFUL THE HOUR OF 06:00 P.M						
* NOTE: Exemptions	The provisions of this artic nor to newspapers, nor to						
OFFICE USE ONLY				00 001105			
Compute Issued by: Entr	I I Paper Licens	se Business	Cards	CC: POLICE CC: WATCI COMMANDE			
LICENSE EXPIRES:				FFF \$			

BUSINESS NAME:	:			LICENSE NO:			
NAME:			PHONE:				
ADDRESS:							
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