



POOL TABLE DISTRIBUTOR

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: License Fee: \$10.00
Per Location: \$20.00
Each Table: \$3.00

LICENSE EXPIRES: MARCH 31 ANNUALLY

10% late fee for renewal applications received after this date

I hereby apply for a license to operate pool tables or billiards within the City of Warren in compliance with the Code of Ordinances of the City of Warren. (Chapter 6, Article I, Section 6-1, Article II, Division I, Section 6-16 thru 6-18, Division II, Section 6-31 thru 6-34)

NEW RENEWAL

PLEASE COMPLETE APPLICATION IN FULL

DISTRIBUTOR'S NAME: _____ PHONE: _____

DISTRIBUTOR ADDRESS: _____
street city state zip

OWNER NAME: _____ PHONE: _____

HOME ADDRESS: _____
street city state zip

DATE OF BIRTH: ____/____/____

APPLICANT NAME: _____ PHONE: _____

APPLICANT ADDRESS: _____
street city state zip

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:

- Applicant must be at least 18 years of age
- Complete location list (page 2)
- 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: FIRE: HEALTH: _____

Issued by: _____
Computer Entry Paper License

LICENSE EXPIRES: 03/31/20____

FEE \$ _____

DISTRIBUTOR'S LICENSE FOR
POOL TABLES/BILLIARDS NO. _____

LATE FEE* \$ _____

* Applied if renewal application received after 03/31

PAID OTC MAIL

LOCATION LIST:

NAME OF BUSINESS:

BUSINESS ADDRESS:

NUMBER OF TABLES:

LOCATION OF TABLES IN BUSINESS:

NAME OF BUSINESS:

BUSINESS ADDRESS:

NUMBER OF TABLES:

LOCATION OF TABLES IN BUSINESS:

NAME OF BUSINESS:

BUSINESS ADDRESS:

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