



RESTAURANT

BUSINESS LICENSE APPLICATION

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

FEE: \$40.00 ANNUALLY
LICENSE EXPIRES: MAY 31 ANNUALLY

10% late fee for renewal applications received after this date

I hereby apply for a license to operate a restaurant within the City of Warren in compliance with the Code of Ordinances of the City of Warren. (Chapter 14, Article I, Section 14-1, Article II, Division I, Section 14-16 thru 14-25, Division II, Section 14-36 thru 14-40)

NEW RENEWAL

PLEASE COMPLETE APPLICATION IN FULL

NAME OF RESTAURANT: _____ PHONE: _____

RESTAURANT ADDRESS: _____ Warren, MI
street city state zip

OWNER NAME: _____ PHONE: _____

HOME ADDRESS: _____
street city state zip

EMAIL ADDRESS: _____

APPLICANT NAME: _____ PHONE: _____

APPLICANT ADDRESS: _____
street city state zip

PREVIOUS NAME OF BUSINESS (IF APPLICABLE): _____

PREVIOUS OWNER NAME: _____ PHONE: _____

PREVIOUS OWNER ADDRESS: _____
street city state zip

STATUS OF COMPANY: Sole Ownership Corporation Partnership
 Other: _____

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

* 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:

FIRE: HEALTH DEPARTMENT: _____ DATE: _____

Issued by: Computer Entry Paper License

LICENSE EXPIRES: 05/31/20 _____ FEE \$ 40.00

LATE FEE* \$ _____

RESTAURANT LICENSE NO. _____ * Applied if renewal application received after 05/31

PAID OTC MAIL