

CITY OF WARREN  
CLERK'S OFFICE  
1 CITY SQUARE, SUITE 205  
WARREN, MI 48093

PHONE (586) 574-4557  
FAX (586) 574-4556

## HOW TO OBTAIN A ROUTE SALESPERSON LICENSE:

1. Complete application in full.
2. Include Requirements:
  - a. SURETY BOND - \$ 1,000 (Must be on the bond form provided with the application – can be obtained through an insurance agency)
  - b. PHOTOGRAPH – A photograph of the applicant, taken within sixty (60) days immediately prior to the date of filing the application, which picture shall be two (2) inches by two (2) inches showing the head and shoulders of the applicant in a clear and distinguishing manner.
  - c. DRIVER'S LICENSE – a copy of your driver's license or state ID
  - d. MEDICAL CERTIFICATE – only required if selling food or foodstuffs; certificate provided with application.
3. Take completed application (including requirements) to the Clerk's Office on the second floor of City Hall to pay \$55.00 non-refundable fee\*
4. Make an appointment for fingerprinting with Officer Northrup in the Warren Police Department. He can be reached at: (586) 574-4799

*Officer Northrup will forward your application back to the Clerk's Office once processing is completed. The Clerk's Office will contact you when your license is ready to pick up.*

*\* Fee MUST be paid PRIOR to appointment with Officer Northrup*



# ROUTE SALESPERSON

## 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: \$55.00 ANNUALLY**  
**LICENSE EXPIRES: MARCH 31 ANNUALLY**

*10% late fee for renewal applications received after this date*

I hereby apply for a license as a Route Salesperson in business within the City of Warren in compliance with the Code of Ordinances of the City of Warren. (Chapter 24, Article V, Section 24-111 thru 24-131 )

NEW  RENEWAL

**PLEASE COMPLETE APPLICATION IN FULL**

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

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

LOCAL ADDRESS: \_\_\_\_\_  
(IF APPLICABLE) street city state zip

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

DURATION OF SELLING PERIOD: \_\_\_\_\_

LOCATION OF ROUTES IN THE CITY: \_\_\_\_\_

DESCRIPTION OF VEHICLE: \_\_\_\_\_ LICENSE PLATE: \_\_\_\_\_

DESCRIPTION OF GOODS/SERVICES TO BE SOLD: \_\_\_\_\_

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  Applicant Address  ATTN: \_\_\_\_\_

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

### REQUIREMENTS:

\$1,000.00 Surety Bond (per applicant) - form attached

Copy of Driver's License or State ID

Attached updated photograph

*Photograph must be taken within sixty (60) days immediately prior to the date of filing the application, which picture shall be two (2) by two (2) inches showing the head and shoulders of the applicant in a clear and distinguishing manner*

Signed Applicant's Statement (page 2)

If applicant sells food or foodstuffs, a medical certificate is needed - form attached

\* 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:  (including fingerprints)

Issued by: Computer Entry  Paper License  Business Card:  License Plate: \_\_\_\_\_

LICENSE EXPIRES: 03/31/20 \_\_\_\_\_ FEE \$ 55.00

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

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

PAID  OTC  MAIL



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**APPLICANT'S STATEMENT**

DATE: \_\_\_\_\_

I, \_\_\_\_\_ have never been convicted of violating  
(PRINT NAME)

any law in the conducting of a \_\_\_\_\_ business.  
ROUTE SALERSPERSON  
(TYPE OF BUSINESS)

SIGNATURE: \_\_\_\_\_

BOND #: \_\_\_\_\_

**ROUTE SALESPERSON'S BOND  
FOR THE CITY OF WARREN**

KNOW ALL MEN BY THESE PRESENTS, that I/we, \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ as principal, and  
\_\_\_\_\_, as Surety, are held and firmly  
bound unto the City of Warren, a municipal corporation of the County of Macomb, State of  
Michigan, in the penal sum of ONE THOUSAND DOLLARS (\$1,000.00), lawful money of the United  
States, to be paid to the said City of Warren or to its certain attorney, successors or assigns, or the  
aggrieved person, to which payment well and truly to be made we bind ourselves, our heirs,  
executors, administrators, successors and assigns and each of them firmly by these presents.

Signed and sealed with our seals and dated this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_\_\_.

WHEREAS, the above bounden principal has been duly licensed by the City of Warren as a Route  
Salesperson to engage in the business of selling any goods, wares or merchandise, or offering any  
service for immediate or future delivery within the City of Warren, Macomb County, Michigan,  
pursuant to the provisions of Chapter 24, Article V, Sections 21-111 thru 24-145, of the Code of  
Ordinances of the City of Warren;

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, That if the said  
\_\_\_\_\_, the above  
bounden, shall faithfully observe and perform all of the provisions of the Code of Ordinances of the  
City of Warren and the statutes of the state regulating and concerning the business of Route  
Salesperson and guaranteeing to any citizen of the city doing business with said Route Salesperson,  
that the property purchased will be delivered according to the representations of said Route  
Salesperson. Action on such bond may be brought in the name of the city to the use or benefit of  
the aggrieved person.

**Signed, Sealed and Delivered in the  
Presence of:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Principal (L.S.)

Address: \_\_\_\_\_

by: \_\_\_\_\_ (L.S.)  
Surety

Business Address: \_\_\_\_\_

\_\_\_\_\_  
Principal



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## **MEDICAL CERTIFICATE**

I certify that I have examined \_\_\_\_\_  
*(patient name)*

and found him/her to be free of infectious, contagious or communicable disease and further certify that he/she is physically capable of operating a vehicle, so as to not endanger himself/herself or others. The above named person is not taking medication or drugs which hinder one's ability to perform.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ M.D. / D.O.

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Area Code*

\_\_\_\_\_  
*Phone*