



SEXUALLY ORIENTED BUSINESS

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 TIME FEE: \$110.00

RENEWAL FEE: \$60.00

LICENSE EXPIRES: MARCH 31 ANNUALLY

10% late fee for renewal applications received after this date

NEW

RENEWAL

PLEASE COMPLETE APPLICATION IN FULL

APPLICANT'S FULL NAME: _____

- STATE WHETHER YOU ARE:**
- AN INDIVIDUAL** (COMPLETE SECTIONS A & D)
- A PARTNERSHIP** (COMPLETE SECTIONS B & D)
- A CORPORATION OR LIMITED LIABILITY COMPANY** (COMPLETE SECTIONS C & D)

A. (1) State your legal name: _____

(2) State all former names and/or aliases you have been known by in the last five years: _____

(3) Current business/mailling address: _____

(4) Are you over 18 years of age? * YES NO

* Attach proof of age (current driver's license or a copy of your birth certificate accompanied by a photo identification document issued by a government agency)

B. (1) State full name of partnership: _____

(2) Submit partnership agreement, names of partners*, and Certificate of Limited Partnership/Certificate of Limited Liability Partnership, where applicable.

(3) Identify all persons with an influential interest (See code §6-277): _____

(4) Business address of persons identified in (2) above: _____

* For each person listed in (2) above, attach proof of age (current driver's license or a copy of your birth certificate accompanied by a photo identification document issued by a government agency)

C. (1) State full name of corporation or LLC: _____

(2) Business address: _____

(3) Submit of Articles of Incorporation or Articles of Organization.*

(4) Identify all persons with an influential interest in the corporation or LLC (see definition of "influential interest" in Code §6-277): _____

(5) Business address of persons identified in (3) above: _____

(6) Is each person identified in (3) above 18 years of age or older? YES NO

* For each person listed in (3) above, attach proof of age (current driver's license or a copy of your birth certificate accompanied by a photo identification document issued by a government agency)

D. (1) Please state the name and business address of the statutory agent or other agent authorized to receive service of process for the business:

Name: _____

Address: _____

(2) Has any person identified in response to question (1), subsection A, B, or C:

(a) Been convicted of or pled guilty or nolo contendere to a specified criminal activity as defined in Code §6-277?

YES NO

If yes, for each such conviction, guilty plea, or plea of nolo contendere, state:

The offense: _____

The date of conviction or plea: _____

The place of conviction or plea: _____

Date of release from confinement: _____

(Respond on a separate sheet if additional space is needed.)

(b) Had an influential interest in a sexually oriented business that (at the time you had such interest) has been declared by a court of law to be a nuisance, or that has been subject to a court order requiring closure or padlocking of the business? (See Code §6-284 (C)(7))

YES NO

If yes, state: _____

Name of business: _____

City, county, and state where such business is/was located: _____

Court and date of court order in which the business was declared a nuisance or ordered closed or padlocked: _____

LOCATION OF BUSINESS:

Street Address: _____

Phone Number: _____

Legal description of property: _____

You must attach a sketch or diagram showing the configuration and total floor space of the premises. The sketch for businesses offering activities covered by Code §6-306 or §6-308 must contain the information required in those sections (configuration of booths, location of state, location of manager's situation(s)). The sketch need not be professional but must be drawn to scale and be accurate to plus or minus 6 inches.

PAGE 3 - SEXUALLY ORIENTED BUSINESS LICENSE

GENERAL BUSINESS INFORMATION:

(A) Is this an existing Sexually Oriented Business? YES NO

(B) Classification of Sexually Oriented Business (Check where applicable):

- Adult Bookstore or Adult Video Store
- Adult Cabaret
- Adult Motel
- Adult Motion Picture Theater
- Semi-nude Model Studio
- Sexual Device Shop
- Sexual Encounter Center

(C) Describe Service(s) and/or merchandise to be provided: _____

(D) Hours of Operation: _____

IS THE APPLICATION FEE ATTACHED: See Code §6-286 YES NO

CERTIFICATION: By signing the following, I/we agree and certify:

- (A) To supplement the information contained in this application within 10 business days of any change in application information.
- (B) That the location of the sexually oriented business complies with the locational requirements for sexually oriented businesses set forth in the City of Warren Code of Ordinances.
- (C) That the information contained herein is true, complete, and accurate.

I/we understand that the failure to provide the information and documentation required by this application may result in the denial of this application

This application must be signed by each individual identified in response to question 1, subsections A, B, and C. Per Code §6-284(C), it must also be notarized.

Signed: _____	Signed: _____
Date: _____	Date: _____
Signed: _____	Signed: _____
Date: _____	Date: _____

Subscribed and sworn to before me this _____
day of _____, 20____.

_____, Notary Public

County, Michigan

My Commission Expires: _____

*** 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	
TEMPORARY LICENSE ISSUED: _____	BY: _____ # _____
DEPARTMENT APPROVAL:	
POLICE: <input type="checkbox"/>	BUILDING: <input type="checkbox"/>
Issued by: _____	Computer Entry <input type="checkbox"/> Paper License <input type="checkbox"/>
LICENSE EXPIRES: 03/31/20_____	FEE \$ _____
SEXUALLY ORIENTED BUSINESS LICENSE NO. _____	LATE FEE* \$ _____
	<i>* Applied if renewal application received after 03/31</i>
	<input type="checkbox"/> PAID <input type="checkbox"/> OTC <input type="checkbox"/> MAIL