

# City of Warren

One City Square, Ste 305, Warren, MI 48093-2391  
(586) 574-4504

Date: \_\_\_\_\_

## APPLICATION FOR REGISTRATION OR RENEWAL OF RESIDENTIAL BUILDERS AND/OR RESIDENTIAL MAINTENANCE AND ALTERATION CONTRACTORS

APPLICATION FOR: RESIDENTIAL BUILDER \_\_\_\_\_ RESIDENTIAL MAINTENANCE & ALTERATION CONTRACTOR \_\_\_\_\_

### OWNER OR QUALIFYING OFFICER'S

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

HOME ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  
NUMBER STREET MO.DAY, YR.

TELEPHONE NO. \_\_\_\_\_  
CITY STATE ZIP CODE HOME

NAME OF BUSINESS (AS SHOWN ON STATE LICENSE) \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
NUMBER STREET BUSINESS

FAX. NUMBER: \_\_\_\_\_  
CITY STATE ZIP CODE

FED ID# \_\_\_\_\_ MESC# \_\_\_\_\_ INSURANCE NAME \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

### PRINT OWNER, QUALIFYING OFFICERS' OR PARTNERS NAMES BELOW:

NAME TITLE HOME ADDRESS PHONE #

NAME TITLE HOME ADDRESS PHONE #

Mich. Corporation Securities License No. \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### APPLICANT'S AFFIDAVIT

STATE OF MICHIGAN, COUNTY OF: \_\_\_\_\_

Having read the foregoing application, the applicant deposes and says that all statements herein are true to the best of his knowledge

#### IDENTIFY OWNERSHIP

SOLE OWNERSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_

ASSUMED NAME \_\_\_\_\_ CORPORATION \_\_\_\_\_

DATE BUSINESS WAS REGISTERED \_\_\_\_\_ Officer's Signature \_\_\_\_\_

COUNTY \_\_\_\_\_ Title: \_\_\_\_\_

OWNER OR QUALIFYING OFFICER'S SIGNATURE \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

My commission expires \_\_\_\_\_

Notary Public

County (Macomb)

Michigan

[www.cityofwarren.org](http://www.cityofwarren.org)

Note: Application must be filled out completely.

**PLEASE PRINT**

**APPLICATION MUST BE ACCOMPANIED BY A COPY OF  
THE QUALIFYING OFFICER'S STATE OF MICHIGAN LICENSE.**