AMBULANCE LICENSE

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

FEES: **FIRST AMBULANCE - $35.00**
EACH ADDITIONAL VEHICLE - $15.00
LICENSE EXPIRES: December 31, 20_____
10% penalty for renewal applications recieved after this date

I hereby apply for a license to operate an Ambulance Service within the City of Warren in compliance with the Code of Ordinances of the City of Warren. (Chapter 5, Article I, Section 5-1 thru 5-2, Article II, Section 5-16 thru 5-24)

NEW ☐ RENEWAL ☐ **PLEASE COMPLETE APPLICATION IN FULL**

COMPANY NAME: PHONE:

COMPANY ADDRESS:
street city state zip

OWNER NAME: PHONE:

HOME ADDRESS:
street city state zip

DATE OF BIRTH: / /

EMAIL ADDRESS:

APPLICANT NAME: PHONE:

APPLICANT ADDRESS:
street city state zip

By signing this application, the applicant is declaring that the ambulance operation will meet the terms of the proposed license and will meet all standards and comply with the rules of the Public Health Code and state laws for emergency medical services. I certify that all statements on this application are true. I understand that any false information may result in the revoking of the above license.

Signature: _____

Print Name: _____

Preferred Mailing Address: ☐ Business Address ☐ Owner Address
☐ Other: _____
street city state zip

REQUIREMENTS:

- ☐ **Liability insurance with respect to bodily injury of $100,000.00 for each person, $300,000.00 for each occurance, $10,000.00 for property damage and must have Ten (10) Day Notice of Cancellation. (City of Warren must be listed as Certificate Holder & Additional Insured)**
- ☐ **Attached schedule of rates and charges for the transportation of persons**
- ☐ **Copy of Michigan State Sales Tax license**
- ☐ **Certificates of vehicle inspections signed by a state licensed Mechanic and the Police Commissioner**
- ☐ **Attached certified copy of ambulance operation license and any other licenses issued under the Public Health Codes**
- ☐ **Please provide a copy of the owner or applicant's Driver's License or State ID**

Applications are forwarded to City Council by the Police Commissioner with his findings and recommendation. Upon receipt of a Resolution from Council authorize the granting of said license (**required on both original and renewal applications**), the City Clerk will issue the license.

OFFICE USE ONLY

DEPARTMENT APPROVAL:

POLICE COMMISSIONER: DATE:

COUNCIL: DATE:

Issued by _____ Computer Entry ☐ Paper License ☐ License Plates ☐ Resolution sent to Council: ☐

FEE $ _____

LAST YEAR'S LICENSE NO. _____ LATE FEE$ _____

CHECK # _____

AMBULANCE LICENSE NO. _____ RECEIPT # _____

 COMPANY NAME:

Description or reproduction of all advertisements and other characteristics by which the ambulance operation is designated:

Geographical service area in which the ambulance operation shall accept primary responsibility for providing ambulance services:

Description of the location or locations at which ambulances will be based:

Number of vehicles being licensed (along with attached list):

Previous Experience:

*** 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**

VEHICLE LIST

COMPANY NAME: LICENSE NO.

PLATE NO. ISSUED BY CLERK:

Ambulance No. **Vin No.**

Make & Model **License Plate No.**

Year **Mileage**

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