

PUBLIC DANCE HALL 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

FEE: \$85.00 ANNUALLY
\$30.00 PER DAY for all other public dances
LICENSE EXPIRES: March 31, 20_____
10% penalty for renewal applications recieved after this date

I hereby apply for a license to operate an establishment for a dance hall within the City of Warren in compliance with the Code of Ordinances of the City of Warren. (Chapter 6, Article IV, Division I, Section 6-76, Division II, Section 6-91 thru 6-94)

NEW RENEWAL

PLEASE COMPLETE APPLICATION IN FULL

ESTABLISHMENT NAME: _____ PHONE: _____

BUSINESS ADDRESS: _____ Warren, MI
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

DATE OF BIRTH: _____ / _____ / _____

DESCRIPTION OF BUSINESS: _____

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:
 COPY OF YOUR DRIVER'S LICENSE OR STATE ID

* 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 COMMISSIONER: _____ DATE: _____

FIRE DEPARTMENT: _____ DATE: _____

HEALTH DEPARTMENT: _____ DATE: _____

Issued by _____ Computer Entry Paper License

LAST YEARS LICENSE NO. _____ FEE \$ _____

_____ LATE FEE \$ _____

_____ CHECK # _____

PUBLIC DANCE HALL LICENSE NO. _____ RECEIPT # _____