

SEXUALLY ORIENTED EMPLOYEE BUSINESS 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

FIRST TIME FEE: \$60.00
RENEWAL FEE: \$35.00

LICENSE EXPIRES: March 31, 20____

10% penalty for renewal applications recieved after this date

NEW RENEWAL

PLEASE COMPLETE APPLICATION IN FULL

Applicant's Full Name: _____

Any and all former names/aliases you have been known by in the last five years: _____

Current business/mailling address: _____

Is 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) attached? YES NO

Are you 18 years of age or older? YES NO

Have you been convicted of or plead 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:

A) The offense _____

B) Court in which charged: _____

C) The date of conviction or plea: _____

D) The place of conviction or plea: _____

E) Date of release from confinement: _____

(respond on separate sheet if additional space is needed)

In the past five years have you 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's order: _____

Is application fee attached? See Code §6-286 YES NO

By signing this application, you represent that the information contained herein is true, complete, and accurate. Per Code §6-284 (C), this application must be notarized.

Signature: _____

Date: _____

Subscribed and sworn to before me this _____ day of _____, Notary Public

_____ County, Michigan

My Commission Expires: _____

OFFICE USE ONLY	
TEMPORARY LICENSE ISSUED: _____	By: _____ # _____
DEPARTMENT APPROVAL:	
POLICE APPROVAL: _____	DATE: _____
BUILDING DEPARTMENT: _____	DATE: _____
Issued by _____	Computer Entry <input type="checkbox"/> Paper License <input type="checkbox"/>
LAST YEAR'S LICENSE NO. _____	FEE \$ _____
SEXUALLY ORIENTED EMPLOYEE BUSINESS LICENSE NO. _____	LATE FEE\$ _____
	CHECK # _____
	RECEIPT # _____