THEATER 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
LICENSE EXPIRES: March 31, 20_____
10% penalty for renewal applications recieved after this date

I hereby apply for a license to operate a Theater, Stage, or Screen business within the City of Warren in compliance with the Code of Ordinances of the City of Warren. (Chapter 6, Article VI, Section 6-136 thru 6-153)

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

BUSINESS 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: / /

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 MICHIGAN STATE SALES TAX LICENSE**
☐ **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: DATE:

FIRE DEPARTMENT: DATE:

HEALTH DEPARTMENT: DATE:

Issued by _____ Computer Entry ☐ Paper License ☐

FEE $ _____

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

CHECK # _____

THEATER LICENSE NO. _____ RECEIPT # _____