



RENTAL LICENSE APPLICATION

CITY OF WARREN

ONE CITY SQ., WARREN, MICHIGAN 48093

ATTN: RENTAL INSPECTIONS DEPARTMENT (586) 574-4633

(AN APPLICATION IS REQUIRED FOR EACH RENTAL RESIDENTIAL DWELLING)

Rental Address: (PRINT OR TYPE) Permanent Parcel No.

Owner: NAME (PRINT OR TYPE) LAST FIRST MIDDLE Home Phone:

Owner's Address: STREET (PRINT OR TYPE) (DO NOT USE P.O. BOX) Cell Phone:

CITY, STATE, ZIP (PRINT OR TYPE) Work Phone:

Driver's License Number Date of Birth: MONTH DAY YEAR

Responsible Local Agent: NAME (PRINT OR TYPE) LAST FIRST MIDDLE Home Phone:

Agent Address: STREET (PRINT OR TYPE) (DO NOT USE P.O. BOX) Work Phone:

CITY, STATE, ZIP (PRINT OR TYPE) Cell Phone:

Driver's License Number Date of Birth: MONTH DAY YEAR

DWELLING TYPE:

- Single-Family Dwelling \$125.00 Two-Family Dwelling \$250.00 Group Home - Must provide current State of Michigan license. \$55.00 Late Fee: \$25.00

I HEREBY APPLY FOR A BIENNIAL RENTAL LICENSE UNDER ORDINANCE NO. 80-418 (WCO 9.186-9.192) AS AMENDED, AND HEREBY CERTIFY THAT THE ABOVE INFORMATION AND ANSWERS ARE ALL CORRECT AND TRUE AND THAT I AM THE LEGAL OWNER OR RESPONSIBLE LOCAL AGENT OF THE PREMISES AT THE ABOVE LOCATION. THE UNDERSIGNED AGREE TO RELEASE THE CITY OF WARREN, ITS AGENTS, SERVANTS AND EMPLOYEES FROM ANY AND ALL LIABILITY RESULTING FROM THE REQUIRED INSPECTIONS AND OBSERVATIONS HEREUNDER.

X OWNER/RESPONSIBLE AGENT SIGNATURE DATE

FOR OFFICE USE ONLY

PAYMENT

RECEIPT NO. DATE AMOUNT