



# SECONDHAND MOTOR VEHICLE DEALER

**BUSINESS LICENSE APPLICATION**  
OFFICE OF THE CITY CLERK  
ONE CITY SQUARE, SUITE 205  
WARREN, MI 48093-2393  
(586) 574-4557 / FAX (586) 574-4556

**FEE: \$110.00 ANNUALLY**  
**LICENSE EXPIRES: MARCH 31 ANNUALLY**

*10% late fee for renewal applications received after this date*

I hereby apply for a license to operate a Secondhand Motor Vehicle Dealership in the City of Warren in compliance with the Code of Ordinances of the City of Warren. (Chapter 30, Article III, Division 1, Section 30-34 thru 30-36, Division 2, Section 30-40 thru 30-48)

NEW  RENEWAL

**PLEASE COMPLETE APPLICATION IN FULL**

NAME OF DEALERSHIP: \_\_\_\_\_ 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: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
street city state zip

STATUS OF COMPANY:  Sole Ownership  Corporation  Partnership  
 Other: \_\_\_\_\_

SEND CORRESPONDENCE BY:  EMAIL: \_\_\_\_\_  MAIL ONLY

I certify that all statements on this application are true. I understand that any false information may result in the revoking of this license.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Preferred Mailing Address:  Business Address  Owner Address  ATTN: \_\_\_\_\_  
 Other: \_\_\_\_\_

street city state zip

### REQUIREMENTS:

- Copy of your Michigan State Sales Tax License
- Copy of your Michigan State Vehicle Dealer's License
- Copy of Driver's License or State ID
- Signed Applicant's Statement (*page 2*)

\* 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:  BUILDING:  (*property must be zoned C-3, M-1, M-2*) MAYOR:

Issued by: Computer Entry  Paper License

LICENSE EXPIRES: 03/31/20\_\_\_\_

FEE \$ 110.00

SECONDHAND MOTOR

LATE FEE\* \$ \_\_\_\_\_

VEHICLE DEALER LICENSE NO. \_\_\_\_\_

\* Applied if renewal application received after 03/31

PAID  OTC  MAIL



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**APPLICANT'S STATEMENT**

DATE: \_\_\_\_\_

I, \_\_\_\_\_ have never been convicted of violating  
(PRINT NAME)  
any law in the conducting of a \_\_\_\_\_ business.  
(TYPE OF BUSINESS)

SIGNATURE: \_\_\_\_\_