



# THEATER

## 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: \$85.00 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 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: \_\_\_\_\_

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

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 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:  FIRE:  HEALTH: \_\_\_\_\_ DATE: \_\_\_\_\_

Issued by: \_\_\_\_\_ Computer Entry  Paper License

LICENSE EXPIRES: 03/31/20\_\_\_\_ FEE \$ 85.00

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

THEATER LICENSE NO. \_\_\_\_\_

\* Applied if renewal application received after 03/31

PAID  OTC  MAIL