

APPLICATION FOR PAWN BROKER'S LICENSE

(Pursuant to Charter Township of Waterford Ordinance No. 143)

CLERK'S USE ONLY	
Date Received: _____	Date License Fee Paid (250) : _____
Date Report Requested from Police Chief: _____	Date Report Received from Police Chief: _____
Date of Township Board Action: _____	Final Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
LICENSE NUBMER (if issued): _____	

TO BE COMPLETED BY APPLICANT: _____
(Business Name)

FEE: \$250.00

NAME of Business, Individual, Partnership
or Corporation in which license is
to be issued: _____

ADDRESS OF LICENSED BUSINESS: _____

CITY, STATE, ZIP CODE: _____

BUSINESS PHONE NUMBER: _____

CELL NO. _____ E-MAIL: _____

THIS LICENSE WILL BE HELD BY:
(Please Check One)

- Individual (Attach copy of any Assumed Name Certificate)
- Partnership (Attach copy of Partnership Certificate)
- Corporation (Attach copy of Articles of Incorporation)

I certify that the foregoing statements and information submitted are true. I further certify those attached hereto are QUESTIONAIRES for all Owners, Co-Partners, Stockholders, Managers, Agents, and/or Employees of the applicant. I further certify that within forty-eight (48) hours of the occurrence of any addition, deletion or modification of the data indicated above, I shall notify the Township Clerk of said change.

(Date of Application)

(Signature of Applicant. If applicant is a Corporation, include title of signor)

PAWNBROKER'S LICENSE QUESTIONNAIRE

CHECK ALL THAT APPLY:

Owner Co-Partner Stockholder Manager Agent Employee

COMPLETE THE FOLLOWING ON EACH INDIVIDUAL:

NAME: _____ PHONE: _____

ADDRESS: _____ DATE OF BIRTH: _____

CITY, STATE: _____ MI ID OR
DRIVERS LICENSE #: ___ / ___ / ___ / ___ / ___

ZIP CODE: _____ SOCIAL SECURITY # _____ - _____ - _____

PHYSICAL DESCRIPTION: M F HAIR COLOR ___ EYE COLOR ___ HEIGHT ___ WEIGHT ___

ANY OTHER NAME OR ALIAS THIS INDIVIDUAL HAS BEEN KNOWN BY:

LIST ALL ARRESTS FOR FELONIES AND MISDEMEANORS, INCLUDING VIOLATIONS OF LOCAL ORDINANCES, EXCLUDING ONLY TRAFFIC OFFENSES:

<u>DATE</u>	<u>PLACE</u>	<u>CHARGE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

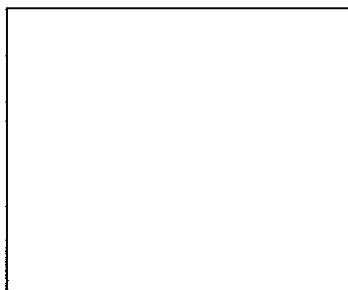
(Include additional sheet, if necessary)

STATE EACH BUSINESS, OCCUPATION OR EMPLOYMENT OF THE APPLICANT DURING THE THREE-YEAR PERIOD IMMEDIATELY PRECEDING THE DATE OF APPLICATION.

<u>NAME</u>	<u>ADDRESS</u>	<u>DATES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Include additional sheet, if necessary)

The undersigned applicant certifies that all of the statements made in this application are true and complete, to the best of his/her knowledge.



Thumbprint of Applicant

(Signature of above-listed applicant)

(Date)