

CITY OF SAGINAW
APPLICATION FOR LICENSE

Name of Individual or Firm

Street Address

City, State, Zip

Mailing Address if Other than Above

List partners or officers if applicable

Name

Address

Title

Pawnbroker - \$10,000 Bond Required
Annual Fee - \$500.00

Second Hand Dealer - \$10,000 Bond Required
Annual Fee - \$50.00

Description of merchandise to be sold _____

Is sales tax required: ___no ___yes Number _____
(if required, attach a copy)

State I.D. Number _____

Federal I.D. Number _____

I hereby swear or affirm that I am fully aware of the duties and obligations of persons engaged in the above named business and agree to comply with all Federal Laws, State laws, City Charter, City Ordinances, and such rules and regulations as may now or hereafter be in effect, relating to the operation of said business. I have received a copy of and have read the summary of the requirements as set by the State of Michigan concerning the above mentioned business. This application must be approved prior to commencement of sales.

Print Name

Signature

State of Michigan

County of _____

The foregoing instrument was acknowledged before me this _____ **day of** _____, **20** _____, **by**

Notary Public

My commission expires _____