CITY OF SAGINAW
APPLICATION FOR LICENSE
Must be approved prior to business operation

BUSINESS NAME

ADDRESS

PHONE E-MAIL

MAILING ADDRESS IF DIFFERENT FROM ABOVE

LIST OFFICERS / PARTNERS

NAME	ADDRESS	TITLE

☐ JUNK AND SCRAP IRON DEALER
ANNUAL FEE - $196.00

☐ SECONDHAND DEALER – Proof of $10,000 Bond per §110.30
ANNUAL FEE - $50.00

☐ PAWNBROKER – Proof of $10,000 Bond per §110.28
ANNUAL FEE - $500.00

☐ PRECIOUS ITEMS DEALER – Proof of $10,000 Bond per §110.38
ANNUAL FEE - $50.00

ATTACH A COPY OF THE FOLLOWING: STATE LICENSE, LIST OF EQUIPMENT, AND STORAGE LOCATION

IS SALES TAX REQUIRED: ____NO ____YES NUMBER _____ (attach copy)

STATE I.D. NUMBER _____ FEDERAL I.D. NUMBER _____

I hereby swear 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.

Print Name Signature Date

State of Michigan, County of Saginaw

The foregoing instrument was acknowledged before me on _____, by _____.

Notary Public My commission expires _____.