

CITY OF CLAWSON, MICHIGAN

PRECIOUS METAL DEALER LICENSE APPLICATION

Applicant's Name: _____

Date of Birth: _____ Driver License #: _____

Home Address: _____ City: _____

Home Telephone: _____

DOING BUSINESS AS

Business _____ Name: _____

Business Address: _____

Business Telephone: _____

Is the business a corporation? Yes No

If business is a corporation, a current copy of the Articles of Incorporation or a valid certified copy of the Assumed Name Certificate from the Clerk of Oakland County must be provided.

This is to affirm that I have received a copy of, read, and understand the provisions of Act No. 95 of the Public Acts of 1981, and as amended, and that I have informed my agents/employees, and that I will inform any new agents and employees, as to the provisions of said Public Act 95 or 1981, and as amended.

Applicant's Signature: _____

This is to affirm that neither I, nor any of my agents/employees, have been convicted of a felony under Act No. 95 of the Public Acts of 1981, and as amended, or under Section 535 of Act No. 328 of Public Acts of 1931, as amended, within the five (5) year period of preceding date of this application; or convicted of a misdemeanor under said laws within a one (1) year period preceding the date of this application.

Applicant's Signature: _____

Please list all agents and/or employees on the attached roster sheet. Each must appear at the Police Department for purposes of affixing the right thumb print to the application roster, prior to approval.

| | |
|-------------------------|-------------------|
| Application Date: | Right Thumb Print |
| Signature of Applicant: | |

PRECIOUS METALS AGENT/EMPLOYEE ROSTER

Please list below all employees or agents of the proposed dealership.

| | |
|-------------------|--|
| Name | |
| Drivers License # | |
| Address | |
| City | |
| Date of Birth | |

| | |
|----------------------|--|
| Right Thumb Print | |
|----------------------|--|

| | |
|-------------------|--|
| Name | |
| Drivers License # | |
| Address | |
| City | |
| Date of Birth | |

| | |
|----------------------|--|
| Right Thumb Print | |
|----------------------|--|

| | |
|-------------------|--|
| Name | |
| Drivers License # | |
| Address | |
| City | |
| Date of Birth | |

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| Right Thumb Print | |
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| | |
|-------------------|--|
| Name | |
| Drivers License # | |
| Address | |
| City | |
| Date of Birth | |

| | |
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| Right Thumb Print | |
|----------------------|--|



PRECIOUS METAL AND GEM DEALER

THIS IS TO CERTIFY THAT ON THE _____ DAY OF _____, _____
_____ WAS ISSUED THIS CERTIFICATE OF
REGISTRATION, # _____ BY THE CLAWSON POLICE DEPARTMENT
TO CONDUCT BUSINESS AT _____
CLAWSON, MICHIGAN AS A PRECIOUS METAL AND GEM DEALER UNDER THE
AUTHORITY OF ORDINANCE # 554 AND PUBLIC ACT 95 OF THE PUBLIC
ACTS OF 1981, STATE OF MICHIGAN.

CHIEF OF POLICE

DATE