



NOVI CITY CLERK'S OFFICE
45175 TEN MILE ROAD
NOVI, MI 48375
(248) 347-0456
Fax (248) 347-0577

PAWNBROKER LICENSE APPLICATION
Act 273 of 1917

Business information:

Name of business: _____
Business address: _____
City: _____ State: _____ Zip: _____ Phone number: _____
Email address: _____
Select the type of ownership: Individual Partnership Corporation Other: _____

Applicant information:

Name of applicant: _____
Applicant's home address: _____
City: _____ State: _____ Zip: _____ Phone number: _____
Applicant's driver's license number (attach copy): _____
Applicant's: Height _____ Weight _____ Sex _____
 Date of Birth _____ Hair Color _____ Eye Color _____
Two previous addresses prior to the present address: _____

Provide the names and addresses of three adult residents in Oakland County who will serve as character references, who must be persons other than relatives and business associates:

- 1) Name: _____
Address: _____
- 2) Name: _____
Address: _____
- 3) Name: _____
Address: _____

Employee information: (For all additional employees, please complete a separate "Pawnbroker Application for Additional Employee" form)

Name of employee: _____ Date of birth: _____
Employee's home address: _____
City: _____ State: _____ Zip: _____ Phone number: _____
Employee's driver's license number (attach copy): _____

Name of employee: _____ Date of birth: _____
Employee's home address: _____
City: _____ State: _____ Zip: _____ Phone number: _____
Employee's driver's license number (attach copy): _____

Please initial that you have read and understand the following statements:

_____ I understand that I may be asked to supply answers to any questions or information requested by the Director of Public Safety or his or her authorized representative.

_____ I understand that a complete set of fingerprints will be taken by the Novi Police Department. Applicant will be contacted by the Novi Police Department to set-up an appointment date.

_____ I hereby certify that the above information is true and accurate to the best of my knowledge and further understand and represent that if any changes to the above information are made, that said information will be supplied to the City immediately.

_____ I hereby authorize the City of Novi to seek information and conduct an investigation into the truth of the statements set forth in this application and qualifications of the applicant.

_____ I declare under penalty of perjury that the information contained in this application is true and correct.

Signature of applicant

Printed name and title

Subscribed and sworn before me, this _____ day of _____, 20__

Notary public
_____ County, Michigan

My commission expires: _____

For office use only

Receipt number: _____

- Copy of applicant's driver's license
- Additional Employee Forms & Driver's Licenses
- Criminal History Statement
- Business History Statement
- Two Photographs
- Equipment Statement
- BOND
- Articles of Incorporation OR Partnership Agreement OR Articles of Incorporation