



Office Use: License #:	_____
Fee Paid:	_____
Date:	_____
Mayor/Commission Approved:	_____
ISSUED:	_____

APPLICATION – PAWNBROKERS

(According to the Provisions of Public Act 273 of 1917 and
City of Lapeer Ordinance: Chapter 20 (Business Licenses and Regulations), Section 20.00 and Section 20.06)

Date: _____

Applicant Information:

Name of Applicant: _____

Address: _____

Telephone #: _____

Location of Business: _____

Property Owner of location: _____

(Name, Address, Telephone # of property owner)

Previous experience as a Pawnbroker: _____

Have you:

Been convicted of any crime, misdemeanor, or local ordinance? Yes No

Describe violation and penalty assessed: _____

Held a permit in Michigan that was revoked, suspended or denied within the last three years?

Yes No Explain: _____

Business Information:

Name of Business: _____

Address: _____

Individual Partnership Corporation Firm Association

Telephone Number: _____

Applicant must furnish the following additional information.

- Nonrefundable Application Fee (\$25.00).
- Listing of all agents/employees with complete addresses (new employees within 24 hours).
- Signed copy of the Criminal Background Check Consent/Release Form and Agreement by all employees to be used under this request (new employees within 10 days).
- Bond in the sum of \$3,000, with at least 2 sureties. (PA 273 of 1917; Section 446.2202(5).)

By filing this application, I acknowledge I have read the appropriate Ordinance Section, and I authorize the City of Lapeer to conduct a background check on myself, the applicant, as well as on the agents/employees requested in this application. In addition, by signing this application I affirm that the information provided is accurate and that, if a license is granted, I will abide by all applicable ordinances, statutes, regulations and laws.

Applicant Signature: _____ Date: _____

OFFICE USE:

Police Department: Approval Disapproval

Signature: _____ Date: _____

City Clerk: Approval Disapproval

Signature: _____ Date: _____