

CITY OF PORTAGE

APPLICATION FOR SECONDHAND DEALER'S LICENSE

City Clerk's Office
City of Portage
7900 South Westnedge Avenue
Portage, MI 49002

Pursuant to Chapter 14 (Businesses) Article 8 – Secondhand Dealers, each applicant for a Secondhand Dealer License within the City of Portage is required to submit a current and complete “City of Portage Secondhand Dealer License Application” as furnished by the City Clerk.

INSTRUCTIONS TO COMPLETE APPLICATION:

Please provide the information requested below. Responses must be legible, preferably typed within the space provided. If additional room is required for a response, please attach a separate sheet. The completed application must be signed and dated by the applicant, if an individual, or by a duly authorized agent thereof, if a partnership or corporation. The original application must be submitted to the City Clerk.

NOTE: Incomplete or illegible applications may be rejected from further consideration and the City reserves the right to request additional information from the applicant as part of the review process.

Required Information

The following form must be completed for: all partners or limited partners of a partnership applicant, all officers and directors of a corporate applicant, and all stockholders owning more than five percent of the stock of a corporate applicant, or any other person who is interested directly in the ownership or operation of the business. The information shall be furnished under oath.

Name of Applicant:		Business Name:	
Aliases:		Is this a new business? ___ Yes ___ No	
Phone Number:	Website:	E-mail Address:	
Current Home Street Address:			
City:	State:	Zip Code:	
Date of Birth:	Driver's License No.:		
Social Security No.:		State of Driver's License Issuance:	
Written proof of age attached. Please circle: YES NO			
Height:	Weight:	Eye Color:	Hair Color:
Name and Address of the secondhand dealership to be operated by the applicant. Street Address:			
City: PORTAGE	State: MI	Zip Code:	

Address which applicant desires to receive notification regarding this application.

Street Address:

City:

State:

Zip Code:

Residential Addresses of Applicant for past 3 years:

Business, occupation or employment of applicant for previous five years:

Has the applicant previously operated in this or any other county, city or state under a secondhand dealer license or similar business license?

Please Circle: YES NO If yes, where:

Has the applicant ever had such a license revoked or suspended: Please circle: YES NO

If yes, please indicate the name of the business entity or trade name under which the applicant was operating when the license was suspended or revoked:

Please indicate all criminal statute, whether federal or state, or city ordinance violation convictions, forfeiture of bond or pleadings of *nolo contendere* on all criminal charges, except minor traffic violations:

Applicant has attached fingerprints and two portrait photographs at least two inches by two inches of the applicant. Please circle: YES NO

NOTE: If the applicant is a corporation: the application shall specify the name of the

corporation, the date and state of incorporation, the name and address of the registered agent and the name and address of all shareholders owning more than five percent of the stock in said corporation and all officers and directors of the corporation. Separate sheets may be used to provide this information.

ADDITIONAL NOTE: An applicant for a license shall additionally submit to the City Clerk with the application a copy of a Michigan Criminal History Access Tool (ICHAT) search report, dated no more than 7 days before the date the application is submitted to the City Clerk, for applicant, including all partners or limited partners of a partnership applicant, all members of an LLC applicant, all officers and directors of a corporate applicant, all stockholders owning more than five (5%) percent of the stock of a corporate applicant, and any other person who is interested directly in the ownership or operation of the business.

Please attach a floor plan and description of proposed business activity on separate sheets. Additionally, please attach any other information related to the applicant and operation of the proposed facility that you deem pertinent.

Signature of Applicant

Date: _____

Printed Name of Applicant

Signature of Witness

Title of Applicant

Printed Name of Witness

The completed application should be mailed or delivered to:

City Clerk
City of Portage
7900 South Westnedge Avenue
Portage, MI 49002