

PRECIOUS METALS AND GEMS DEALER APPLICATION

Pursuant to PA 95 of 1981, as amended

**City of Kalamazoo
Office of the City Clerk
241 West South Street
Kalamazoo, MI 49007**

(Please print or type)

BUSINESS INFORMATION

Business Name _____

Business Address _____

OWNER/APPLICANT INFORMATION

Owner/Applicant's Name _____

Aliases _____

Address _____ City _____ State _____

Zip Code _____ Telephone _____

Date of Birth _____

Driver's License/State ID # _____ State _____

REGISTRATION IN OTHER JURISDICTIONS

Are you currently registered as a Precious Metals and Gems Dealer with other local units of government or local law enforcement agencies in Michigan? If yes, please attach copies of those registrations.

PLEASE READ CAREFULLY AND SIGN BELOW

Have you ever been convicted of a misdemeanor or felony under the Precious Metal and Gem Dealer Act or under section 535 of the Michigan Penal Code, 1931 PA 328, MCL 750.535?

Yes _____ No _____

IF YES, please specify the offense(s) and date(s) of conviction: _____

By filing this application, I authorize the City of Kalamazoo to conduct a criminal background check on myself. 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's Signature: _____ Date: _____

For Office Use Only

APPLICATION RECEIPT – CITY CLERK'S OFFICE

Applicant's Name: _____

Application received by: _____ Date received: _____

Fee paid: \$ N/A Date: _____

CRIMINAL BACKGROUND CHECK

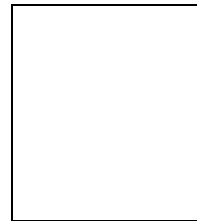
Background check performed by: _____

Result: _____ Acceptable _____ Unacceptable

RIGHT THUMBPRINT

Date thumbprint taken: _____

Comments: _____



City Clerk's approval: _____ Date: _____

Registration number: _____