

# APPLICATION FOR SECONDHAND DEALER'S LICENSE

Pursuant to Chapter 24 of the Kalamazoo City Code

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

(Please print or type)

## BUSINESS INFORMATION

Business Name \_\_\_\_\_

Type of goods sold \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## OWNER/APPLICANT INFORMATION

Owner/Applicant's Name \_\_\_\_\_

Aliases \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License/State ID # \_\_\_\_\_ State \_\_\_\_\_

## EMPLOYEE INFORMATION (Give for each employee, officer, agent or partner)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

**(Employee Information, Cont'd)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

**BUSINESS HISTORY/EXPERIENCE**

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

How long has your company been in business? \_\_\_\_\_

How long have you, the owner, been involved in the pawnbroker/secondhand dealer business? \_\_\_\_\_

List any other names under which your business has operated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any other addresses in the city of Kalamazoo at which your business has operated other than the current address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EXPLANATION OF FEES/LICENSE TERM**

Pursuant to resolution 02-75 the license fee for secondhand dealers and pawnbrokers is **\$200.00/year**. Records of transactions must be sent to Public Safety via computer/internet. This fee is non-refundable. The license year is from May 1<sup>st</sup> to April 30<sup>th</sup>. Applicants who seek a license after November 1<sup>st</sup> pay a prorated fee.

**PLEASE READ CAREFULLY AND SIGN BELOW**

Have you ever had any license issued by the City of Kalamazoo or any other governmental entity revoked, suspended or denied?    Yes \_\_\_\_\_    No \_\_\_\_\_

**IF YES**, please give the reasons for said action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pursuant to section 24-5, all secondhand dealer licenses are subject to the following conditions:

- The applicant shall permit inspection of the licensed premises and/or activity at reasonable times by any representative of the City of Kalamazoo.
- The applicant shall not engage in the business of a secondhand dealer at any time after the license has expired, without having been reissued, or at any time when the license is suspended or revoked.
- No license shall be issued or renewed unless and until the applicant and any and all employees, officers, partners or agents of applicant shall, if deemed necessary by the Kalamazoo Department of Public Safety, submit to being fingerprinted and photographed as part of the background investigation.
- The license is subject to suspension or revocation pursuant to Sections 24-7 and 24-8 of the City Code.

By filing this application, I acknowledge I have read the above conditions, and I authorize the City of Kalamazoo to conduct a background check on myself, the applicant, as well as on the partners, officers, agents or employees of my business. 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. I understand that I may ask the City Clerk for a copy of the provisions of the City Code pertaining to Secondhand Dealers.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# For Office Use Only

## APPLICATION RECEIPT – CITY CLERK’S OFFICE

Applicant’s Name: \_\_\_\_\_

Application received by: \_\_\_\_\_ Date received: \_\_\_\_\_

Fee paid: \$\_\_\_\_\_ Date: \_\_\_\_\_

## PUBLIC SAFETY – CRIMINAL BACKGROUND CHECK

Application received by: \_\_\_\_\_ Date received \_\_\_\_\_

Background check performed by: \_\_\_\_\_

Result: \_\_\_\_\_ Acceptable \_\_\_\_\_ Unacceptable

Fingerprints required? Yes \_\_\_\_\_ No \_\_\_\_\_ Date prints taken: \_\_\_\_\_

Photograph required? Yes \_\_\_\_\_ No \_\_\_\_\_ Date photograph taken: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## TREASURER – CHECK FOR DEBTS TO THE CITY

Application received by: \_\_\_\_\_ Date received \_\_\_\_\_

Result: \_\_\_\_\_ Acceptable \_\_\_\_\_ Unacceptable

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ZONING CHECK

Application received by: \_\_\_\_\_ Date received \_\_\_\_\_

Result: \_\_\_\_\_ Acceptable \_\_\_\_\_ Unacceptable

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City Clerk’s approval: \_\_\_\_\_ Date: \_\_\_\_\_

License/permit number: \_\_\_\_\_