

PAWNBROKER LICENSE APPLICATION
City of South Haven

Full names, business addresses and residence addresses of all owners, providers, officers, managers and local employees of applicant's business; the names and addresses of each officer if applicant is a corporation. Use the space below. Use the back of this sheet for additional space.

Owner's Name: _____

Owner's Business Address: _____

Owner's Residence Address: _____

Driver's License # _____ Date of Birth _____

Manager's Name: _____

Manager's Business Address: _____

Manager's Residence Address: _____

Employee Name: _____

Employee Residence Address: _____

Business Name _____

Business Address _____

Business Phone _____ Home Phone _____

Nature/Kind of Business _____

Type of products/services _____

Times of operation _____

(OVER)

List of all assumed, trade or firm names under which applicant intends to do business:

Has the applicant or person conducting or managing applicant's business ever been convicted of a crime, misdemeanor or the violation of any municipal ordinance, excluding minor traffic offenses? _____ If yes, describe in full. _____

STATE OF MICHIGAN, County of Van Buren

By signing below, you solemnly swear that you will support the Constitution of the United States and the Constitution of the state of Michigan and that you will faithfully discharge the duties of operating a pawn shop and adhere to all state licensing requirements in the City of South Haven, Michigan according to the best of your ability.

Signature of Applicant _____ Date _____

Fee \$100.00 per year

Cash or Check # _____

Approved by Chief of Police _____ Date _____

Approved by Zoning Director _____ Date _____

Approved by Clerk _____ Date _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for operating a business are true and complete. I understand that if approved, false statements on this application shall be considered sufficient cause for license revocation. You are hereby authorized to make any investigation of my personal history through any investigative bureaus of your choice. I authorize the references and previous employers listed above to give you any and all information concerning my previous employment and any pertinent information they have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature of Applicant