

## **PRECIOUS METAL & GEM DEALER**

BUSINESS LICENSE APPLICATION OFFICE OF THE CITY CLERK ONE CITY SQUARE, SUITE 205 WARREN, MI 48093-2393 (586) 574-4557 / FAX (586) 574-4556

10% late fee for renewal applications received after this date

I hereby apply for a certificate of registration to engage in business of Precious Metal/Gem Dealer in compliance with Michigan State Law (Public Act 95 of 1981) and the Code of Ordinances of the City of Warren. (Chapter 27, Article I, Section 27-1, Article II, Section 27-2 thru 27-9. Article III, Section 27-15 thru 27-20. Article IV, Section 27-26)

| 9, Arucie III, Section 27-15 thru 27-20, Arucie IV, Se  | schon 27-26)  |                                     |                     |                               |  |
|---|---|-------------------------------------|---------------------|-------------------------------|--|
| NEW RENEWAL   |   | PLEASE COMPLETE APPLICATION IN FULL |                     |                               |  |
| BUSINESS NAME:  |   | РНС                                 | DNE:                |                               |  |
| BUSINESS ADDRESS:   |   | Warren, MI                          |                     |                               |  |
| street  | city  | state                               | zip                 |                               |  |
| OWNER NAME:   |   | РНС                                 | DNE:                |                               |  |
| HOME ADDRESS:   |   |                                     |                     |                               |  |
| DATE OF BIRTH: / /  | city  | state                               | zip                 |                               |  |
| EMAIL ADDRESS:  |   |                                     |                     |                               |  |
| APPLICANT NAME:   |   | РНС                                 | DNE:                |                               |  |
| APPLICANT ADDRESS:  |   |                                     |                     |                               |  |
| DATE OF BIRTH: / /  | city  | state                               | zip                 |                               |  |
| WILL YOU BE <u>BUYING</u> OR <u>SELLING</u> PRECIOUS  | METALS & GEMS?  |                                     |                     |                               |  |
| PLEASE CHECK ONE OF THE FOLLOWING:  |   | 🗌 SELI                              | LING                | 🗌 ВОТН                        |  |
| FEDERAL TAXPAYER I.D. NO.   |   |                                     |                     |                               |  |
| STATES SALES TAX LICENSE NUMBER:  |   |                                     |                     |                               |  |
| (only applicable if you are selling)  |   |                                     |                     |                               |  |
| SEND CORRESPONDENCE BY: EMAIL:<br>I certify that all statements on this application a<br>license.<br>Signature:   | re true. I understand that any  | false information m                 | ay result in the    | MAIL ONLY<br>revoking of this |  |
| Print Name:   |   |                                     |                     |                               |  |
| Preferred Mailing Address: 🗌 Business Addre   | ess Owner Address   | ATTN:                               |                     |                               |  |
| Other:  |   |                                     |                     |                               |  |
|   | street  | city                                | state               | zip                           |  |
|   |   |                                     |                     |                               |  |
| * In accordance with the Warren Code of Ordinances of<br>this chapter or any other ordinance of the city until an<br>which may be due and payable at the time of the filing<br>only) / THIS LICENSE IS NOT TRANSFERABLE & NON | y and all personal property taxes<br>g of the application for such licens | , levied and assessed               | against such pe     | rson by the city              |  |
| * Note: New dwelling or new owner n   | nust obtain a new Certificate of (  | Compliance from the I               | Building Departn    | nent                          |  |
| OFFICE USE ONLY   | DEPARTMENT APPROVAL:  |                                     |                     |                               |  |
| POLICE: BUILDING:   |   |                                     |                     |                               |  |
| Issued by: Computer Pag   | per License   |                                     |                     |                               |  |
| LICENSE EXPIRES: 09/30/20   |   |                                     | FEE \$ <u>60.00</u> |                               |  |
| PRECIOUS METAL & GEM  |   |                                     | E FEE* \$           |                               |  |
| DEALER REGISTRATION NO.   |   |                                     |                     | received after 09/30          |  |
|   |   | PAID                                | 0 🗌 0               | TC 🗌 MAIL                     |  |

## **REQUIREMENTS:**

- COPY OF YOUR DRIVER'S LICENSE OR STATE ID
- COPY OF YOUR MICHIGAN STATE SALES TAX LICENSE (ONLY APPLICABLE IF YOU ARE SELLING)
- > The name, address, and thumbprint of the dealer, all agents or employees of the dealer. Thumbprints must be taken by the Police Department. The dealer, withing 24 hours after hiring a new employee, shall contact the Police Department to provide the name, address, and thumbprint of the new employee.
- > Within 48 hours after receiving or purchasing a precious item, the dealer shall send a copy of the record of transaction from to the Police Department's Precious Metals and Gems Officer.
- > Hours of business shall not begin before 7:00 a.m. and shall not extend beyond 9:00 p.m.
- > This certificate of registration is not assignable or transferable.

NOTE: If you are selling any used items, you are also required to obtain a Secondhand Goods Dealer License according to Warren City Ordinance (Chapter 30, Division 1, Section 30-1 thru 30-6, Division 2, Section 30-11 thru 30-22, Division 3, Section 30-26 thru 30-30, Chapter 18, MCL 445.401).

## LIST OF AGENTS OR EMPLOYEES

| NAME OF DEALER: | REGISTRATION NO. |         |        |        |  |  |
|-----------------|------------------|---------|--------|--------|--|--|
|                 |                  |         |        |        |  |  |
|                 |                  | DATE OF | DUON   |        |  |  |
| NAME:           |                  | BIRTH:  | PHONI  | :      |  |  |
| ADDRESS:        |                  |         |        |        |  |  |
|                 | street           | city    | state  | zip    |  |  |
|                 |                  | DATE OF |        |        |  |  |
| NAME:           |                  | BIRTH:  | PHON   | PHONE: |  |  |
| ADDRESS:        |                  |         |        |        |  |  |
|                 | street           | city    | state  | zip    |  |  |
|                 |                  | DATE OF |        |        |  |  |
| NAME:           |                  | BIRTH:  | PHONI  | PHONE: |  |  |
| ADDRESS:        |                  |         |        |        |  |  |
|                 | street           | city    | state  | zip    |  |  |
|                 |                  | DATE OF |        |        |  |  |
| NAME:           |                  | BIRTH:  | PHON   | E:     |  |  |
| ADDRESS:        |                  |         |        |        |  |  |
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|                 |                  | DATE OF |        |        |  |  |
| NAME:           |                  | BIRTH:  | PHONE: |        |  |  |
| ADDRESS:        |                  |         |        |        |  |  |
|                 | street           | city    | state  | zip    |  |  |
|                 |                  | DATE OF |        |        |  |  |
| NAME:           |                  | BIRTH:  |        |        |  |  |
| ADDRESS:        |                  |         |        |        |  |  |
|                 | street           | city    | state  | zip    |  |  |
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| NAME:           |                  | BIRTH:  | PHONE: |        |  |  |
| ADDRESS:        |                  |         |        |        |  |  |
|                 | street           | city    | state  | zip    |  |  |
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|-----------------|--------|-------------------|--------|-----|--|
|                 |        |                   |        |     |  |
| NAME:           |        | DATE OF<br>BIRTH: | PHONE  |     |  |
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| NAME:           |        | BIRTH:            | PHONE  | :   |  |
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| NAME:           |        | BIRTH:            | PHONE  | :   |  |
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|                 | street | city              | state  | zip |  |
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| NAME:           |        | BIRTH:            | PHONE  |     |  |
| ADDRESS:        |        |                   |        |     |  |
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| NAME:           |        | DATE OF<br>BIRTH: | PHONE  |     |  |
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| ADDRESS:        | street | city              | state  | zip |  |
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| NAME:           |        | BIRTH:            | PHONE  | :   |  |
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| NAME:           |        | BIRTH:            | PHONE  |     |  |
| ADDRESS:        |        |                   |        |     |  |
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|                 |        | DATE OF           |        |     |  |
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|                 | street | city              | state  | zip |  |
| NAME:           |        | DATE OF<br>BIRTH: | PHONE  |     |  |
|                 |        | חואוט.            | PHONE  | •   |  |
| ADDRESS:        | street | city              | state  | zip |  |
|                 | JUCCL  |                   | ວເຜເບ  | 210 |  |