



PAWNBROKER APPLICATION

Pursuant to Chapter 836 Battle Creek, MI Code of Ordinances

CITY OF BATTLE CREEK
OFFICE OF THE CITY CLERK
10 NORTH DIVISION ROOM 111
BATTLE CREEK, MI 49014
(269) 966-3348
cityclerk@battlecreekmi.gov

Business Information

Business Name _____

Address _____

Phone Number _____ E-mail _____

Types of Good to be bought/sold: _____

Owner/Applicant Information

Name _____

Any other Last Name (s) used _____ Male Female

Address _____ Contact Number _____

Date of Birth _____ DL/State ID _____ Race _____

Employee Information (Give for each employee, licensee, officer, partner, or other member of a corporation, partnership or other business entity holding the license)

Name _____

Any other Last Name (s) used _____ Male Female

Address _____ Contact number _____

Date of Birth _____ DL/State ID _____ Race _____

Employee Information (Give for each employee, licensee, officer, partner, or other member of a corporation, partnership or other business entity holding the license)

Name _____

Any other Last Name (s) used _____ Male Female

Address _____ Contact number _____

Date of Birth _____ DL/State ID _____ Race _____

Employee Information (Give for each employee, licensee, officer, partner, or other member of a corporation, partnership or other business entity holding the license)

Name _____

Any other Last Name (s) used _____ Male Female

Address _____ Contact number _____

Date of Birth _____ DL/State ID _____ Race _____

Employee Information (Give for each employee, licensee, officer, partner, or other member of a corporation, partnership or other business entity holding the license)

Name _____

Any other Last Name (s) used _____ Male Female

Address _____ Contact number _____

Date of Birth _____ DL/State ID _____ Race _____

Employee Information (Give for each employee, licensee, officer, partner, or other member of a corporation, partnership or other business entity holding the license)

Name _____

Any other Last Name (s) used _____ Male Female

Address _____ Contact number _____

Date of Birth _____ DL/State ID _____ Race _____

Employee Information (Give for each employee, licensee, officer, partner, or other member of a corporation, partnership or other business entity holding the license)

Name _____

Any other Last Name (s) used _____ Male Female

Address _____ Contact number _____

Date of Birth _____ DL/State ID _____ Race _____

Employee Information (Give for each employee, licensee, officer, partner, or other member of a corporation, partnership or other business entity holding the license)

Name _____

Any other Last Name (s) used _____ Male Female

Address _____ Contact number _____

Date of Birth _____ DL/State ID _____ Race _____

Employee Information (Give for each employee, licensee, officer, partner, or other member of a corporation, partnership or other business entity holding the license)

Name _____

Any other Last Name (s) used _____ Male Female

Address _____ Contact number _____

Date of Birth _____ DL/State ID _____ Race _____

Business Name _____

I agree to operate the aforementioned business in compliance with the guidelines established pursuant to Chapter 836 of the Codified Ordinances of Battle Creek, Michigan and pursuant to the provisions of Public Act 273 of 1917, as amended (M.L.C.A. 445.401 et seq.)

Signature of Applicant _____

Date _____

NOTE: If an entity, the Applicant must provide the name, address and email of the entity and its registered agent. If a partnership, must provide names of all partners or limited partners. If an LLC, must provide names of all members of LLC. The Applicant must also provide the date of establishment of an entity. If needed, separate sheet(s) may be attached to this application form.

Please submit the required bond (\$3,000 with at least two sureties), completed application, with required fees, and valid picture identification of each employee, licensee, officer, partner or other member of the corporation, partnership or other business identity holding the license to:

City of Battle Creek Clerk's Office
10 North Division Room #111
Battle Creek, MI 49014

NON-REFUNDABLE fee(s): \$200.00 yearly license fee and \$10.00 for each employee, licensee, officer, partner, or other member of a corporation, partnership or other business entity holding the license.

License Term: May 1 - April 30. Please allow 5-10 business days for processing.

FOR OFFICE USE ONLY

Please conduct your inspection and forward your recommendation to the Clerk's Office

Inspection Department

Approved

Denied

Comments: _____

Planning Department

Approved

Denied

Comments: _____

Risk Management

Approved

Denied

Comments: _____

Fire Department

Approved

Denied

Comments: _____

Police Department

Approved

Denied

Comments: _____

Reporting through LeadsOnline Required?

Yes

No