

CITY OF PORTAGE RENEWAL APPLICATION SECONDHAND DEALER'S LICENSE

City Clerk's Office
City of Portage
7900 South Westnedge Avenue
Portage, MI 49002

Pursuant to Chapter 14 (Businesses) Article 8 – Secondhand Dealers, each business engaged in the dealing of secondhand goods is required to possess a Secondhand Dealer License within the City of Portage.

INSTRUCTIONS TO COMPLETE RENEWAL APPLICATION:

Please provide the information requested below. Responses must be legible, preferably typed within the space provided. If additional room is required for a response, please attach a separate sheet. The completed renewal application must be signed and dated by the applicant, if an individual, or by a duly authorized agent thereof, if a partnership or corporation. The original application must be submitted to the City Clerk.

NOTE: Incomplete or illegible applications may be rejected from further consideration and the City reserves the right to request additional information from the applicant as part of the review process.

Required Information

The following form must be completed for: all partners or limited partners of a partnership applicant, all officers and directors of a corporate applicant, and all stockholders owning more than five percent of the stock of a corporate applicant, or any other person who is interested directly in the ownership or operation of the business. The information shall be furnished under oath.

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|--|-----------------------|--|-------------|
| Name of Applicant: | | Business Name: | |
| Aliases: | | Is this a new business? ___ Yes ___ No | |
| Phone No: | Website: | E-mail: | |
| Current Home Street Address: | | | |
| City: | State: | Zip Code: | |
| Date of Birth: | Driver's License No.: | | |
| Social Security No.: | | State of Driver's License Issuance: | |
| Written proof of age attached. Please circle: YES NO | | | |
| Height: | Weight: | Eye Color: | Hair Color: |
| Address of the secondhand dealership to be operated by the applicant. Street Address: | | | |
| City: PORTAGE | State: MI | Zip Code: | |

Address which applicant desires to receive notification regarding this application.

Street Address:

City:

State:

Zip Code:

Residential Addresses of Applicant for past 3 years:

Business, occupation or employment of applicant for previous five years:

Has the applicant previously operated in this or any other county, city or state under a secondhand dealer license or similar business license?

Please Circle: YES NO If yes, where:

Has the applicant ever had such a license revoked or suspended: Please circle: YES NO

If yes, please indicate the name of the business entity or trade name under which the applicant was operating when the license was suspended or revoked:

Please indicate all criminal statute, whether federal or state, or city ordinance violation convictions, forfeiture of bond or pleadings of *nolo contendere* on all criminal charges, except minor traffic violations:

NEW IN 2015: Fingerprints and two portrait photographs at least two inches by two inches are REQUIRED ONLY FOR ANY NEW partners or limited partners of a partnership applicant, officers and directors of a corporate applicant, and stockholders owning more than five percent of the stock of a corporate applicant, or any other person who is interested directly in the ownership or

operation of the business. A New individual being defined as someone who was not included in the original application or most recent renewal application.

NOTE If the applicant is a corporation: the application shall specify the name of the corporation, the date and state of incorporation, the name and address of the registered agent and the name and address of all shareholders owning more than five percent of the stock in said corporation and all officers and directors of the corporation. Separate sheets may be used to provide this information.

Signature of Applicant

Date: _____

Printed Name of Applicant

Signature of Witness

Title of Applicant

Printed Name of Witness

CRIMINAL BACKGROUND CHECK: An applicant for a license shall additionally submit to the City Clerk with the application a copy of a Michigan Criminal History Access Tool (ICHAT) search report, dated no more than 7 days before the date the application is submitted to the City Clerk, for applicant, including all partners or limited partners of a partnership applicant, all members of an LLC applicant, all officers and directors of a corporate applicant, all stockholders owning more than five (5%) percent of the stock of a corporate applicant, and any other person who is interested directly in the ownership or operation of the business. A Michigan ICHAT background check must be submitted with each application to be considered complete.

Michigan ICHAT Background Check Results Attached

Please Circle: YES NO

The completed application, including age verification and background check,
should be mailed or delivered to:

City Clerk
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7900 South Westnedge Avenue
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