CITY OF WALLED LAKE 1499 E. WEST MAPLE ROAD

WALLED LAKE, MI 48390

(248) 624-4847



www.walledlake.com

(APPLICATIONS MUST BE FILED AT THE CITY OF WALLED LAKE CLERK'S OFFICE)

APPLICATION FOR PRECIOUS METALS DEALER CERTIFICATE

		Date	
Name			
(First	t, Middle, Last)		
Date of Birth	Driver's License #		
	State of Issuance		
Home Address			
Home City, State, Zip			
Home Phone #	Cell Phone #		
Business Name			
Articles of Incorporation or A	Assumed Name	Certificate MUST be attached.	
Business Address			
Business City, State, Zip			
Business Phone	В	usiness Hours	
		ESS LOCATION ARE REQUIRED	
Payment is due at time of application			
Attach a copy of the Articles of Incor	poration or the A	ssumed Name Certificate.	
Applicant's Thumbprint:			

LIST EACH EMPLOYEE'S NAME, ADDRESS, DATE OF BIRTH AND DRIVER'S LICENSE NUMBER

Name	Home Address	Date of Birth	Driver's License #				
Name	Home Address	Date of Birth	Driver's License #				
Name	Home Address	Date of Birth	Driver's License #				
Name	Home Address	Date of Birth	Driver's License #				
Name	Home Address	Date of Birth	Driver's License #				
l,		, under penaltie	es of perjury, state that				
the above information is true and that I have read the provisions of Public Act 95 of the Public Acts of							
1981 (attached) and understand them, and that I have informed my agents and employees, and will							
immediately inform all new agents and employees, of the provisions of said Act. Further, under							
penalties of perjury, I state that neither I nor any of my agents or employees have been convicted of a							
felony under Act No. 328 of the Public Acts of 1931, as amended, with the five (5) year period preceding							
the date of this application, or convicted of a misdemeanor under said laws with a one (1) year period							
preceding the date of this application.							

(Date)

(Signature of Applicant)

FOR INTERNAL USE ONLY

Department	Approved	Denied	Signature	Date
Police				
City Clerk				

Certificate #