



**CITY OF OAK PARK, MICHIGAN  
DEALER IN PRECIOUS METALS, GEMS AND OTHER  
PRECIOUS ITEMS APPLICATION**

(Applications must be filed with the City Clerk not less than 30 days prior to the time a license is issued/renewed)

**I HEREBY APPLY FOR A PRECIOUS METALS LICENSE IN ACCORDANCE WITH THE CODE OF ORDINANCES OF THE CITY OF OAK PARK**

**New**     **Renewal**

Name of Applicant: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Driver's License No: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Business Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Zoning Classification for this business location is: \_\_\_\_\_

I certify that this is the proper zoning to conduct this type of business.

Applicants Thumb Print

Date taken: \_\_\_\_\_

DOB/Race/Sex: \_\_\_\_\_

Print of:     Right Thumb     Left Thumb

\_\_\_\_\_  
Signature of Officer Taking Print

**Indicate One:**

Individual     Partnership     Corporation     LLC (Limited Liability Company)

**Check One:**

Articles of Incorporation Attached     Assumed Name Certificate Attached

**Note: Separate application for each business location is required**

I \_\_\_\_\_, under penalty of perjury, state that the above information is

(print name)

True, and that I have read the provisions of Act 95 of the Public Acts of 1981 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, within the five year period preceding the date of the application, or convicted of a misdemeanor under said laws within a one (1) year period preceding the date of this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Additional Employees**

<u>Name</u>	<u>Address</u>	<u>DL # / Identification No.</u>	<u>Change Date</u>

Thumb Prints of Additional Employees (to be taken by the Public Safety Department):

Name: \_\_\_\_\_

DOB/Race/Sex: \_\_\_\_\_

Print of:  Right Thumb  Left Thumb

\_\_\_\_\_  
Signature of Officer Taking Print

Name: \_\_\_\_\_

DOB/Race/Sex: \_\_\_\_\_

Print of:  Right Thumb  Left Thumb

\_\_\_\_\_  
Signature of Officer Taking Print

Name: \_\_\_\_\_

DOB/Race/Sex: \_\_\_\_\_

Print of:  Right Thumb  Left Thumb

\_\_\_\_\_  
Signature of Officer Taking Print

**INTERNAL OFFICE USE ONLY**

Precious Metals License # \_\_\_\_\_ Date Issued: \_\_\_\_\_

Public Safety Approval:  Yes  No Public Safety Signoff: \_\_\_\_\_

City Clerk's Office Approval:  Yes  No City Clerk's Office Signoff: \_\_\_\_\_