

**CITY OF TRAVERSE CITY  
PRECIOUS METALS LICENSE APPLICATION (MSA 19.720)**



BUSINESS NAME: \_\_\_\_\_  
 Proprietorship       Partnership       Corporation

BUSINESS ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(Street)                      (City)      (State)      (Zip)

E-MAIL ADDRESS: \_\_\_\_\_

TERM OF LICENSE – FROM: \_\_\_\_\_ TO: \_\_\_\_\_

OWNER/MANAGER NAME: \_\_\_\_\_  
(Last)                      (First)                      (Title)

RESIDENCE ADDRESS: \_\_\_\_\_  
(Street)                      (City)                      (State)                      (Zip)

DRIVER'S LICENSE #: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ **LIST OF NAMES, ADDRESSES AND THUMBPRINTS OF EMPLOYEES ATTACHED?**  
(Within 24 hours after hiring a new employee, the dealer shall forward to the City Clerk's Office the name, address and thumbprint of the new employee).

\_\_\_\_\_ **Thumbprints** are available for a fee through the Grand Traverse County Jail on Wednesdays only 8:30 am to 10:30 am and 5:30 pm to 7:30 pm.

**The undersigned, being duly sworn, deposes and says he/she wishes to be permitted to perform the operation, service, or act stated hereon and that the statements made above are true and correct to the best of his/her knowledge and belief. Deponent further says that he/she will comply with all provisions of the ordinances of the City of Traverse City and the laws of the State of Michigan relative to the operation, service, or act for which this license/permit is required during the period the license/permit is in effect.**

**Deponent further agrees to hold the City of Traverse free and harmless from all liability which may be imposed upon it, to reimburse the City of Traverse City for any legal liability that may be adjusted against it and to reimburse the City of Traverse City for all expenses of litigation in connection with the defense of claims as such liability and claims may arise because of negligence in the performance of the operation, service, or act for which the license/permit was issued.**

**(continued on next page)**

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**The applicant acknowledges that the City may be required from time to time to release records in its possession. The applicant hereby gives permission to the City to release any records or materials received by the City from the applicant as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Sales Tax Number)

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**PRECIOUS METALS LICENSE**

\$50 FEE PAID: \_\_\_\_\_  
(Date)

**THUMBPRINTS REQUIRED: (Thumbprints forwarded to Police Department.)**

APPROVAL REQUIRED: Zoning Department: \_\_\_\_\_  
(Signature) (Date)

Police Department: \_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Debra A. Curtiss, City Clerk or authorized designee