



City of Burton
4303 S. Center Rd.
Burton, MI 48519
www.burtonmi.gov

Application for Pawn Broker and/or Used Merchandise License

Date: _____ **License Expiration:** _____

Name of Applicant: _____

Applicant Address: _____, _____

Phone Number: (____) _____ Email: _____

Name of Business: _____

Business Address: _____, _____

Phone Number: (____) _____ Tax ID #: _____

Employees (Please attach copy of I.D. for each person):

	NAME	ADDRESS	D.O.B
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

PROCESSING FEES		\$	PAID
1.	Per Year	200.00	<input type="checkbox"/>
Expires April 30th, 20____			

The undersigned hereby specifically agrees that any approval granted for license received after said approval is subject to revocation at any time by the Burton City Council, and that there shall be no liability on the part of the Burton City Council of the City of Burton, or any officers, members or employees of said units, because of any revocations and the granting of such approval of license does not create a vested right.

I, _____ (applicant) being duly sworn, state that I have read the foregoing application and exhibits therein contained and attached, by me subscribe and knowingly made the foregoing answers, statements, and representations therein contained and that said statement representations are true.

THIS APPLICATION MUST BE SIGNED BEFORE A NOTARY _____
Signature of Applicant

Subscribed and sworn before me a Notary Public in and for the County of _____, State of Michigan

this _____ day of _____, 20_____.

 Notary Public Commission Expires

ADMINISTRATIVE APPROVALS		
DEPARTMENT	NAME	DATE
Clerk	_____	_____
DPW	_____	_____
Fire	_____	_____
Police	_____	_____