



Clio Police Department  
505 W Vienna St  
Clio, Vienna St  
(810) 686-5010  
Fax (810) 687-6056

**SECOND HAND DEALERS AND JUNK DEALERS  
APPLICATION  
Public Act 350 of 1917**

**Business Information:**

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ Clio, MI 48420

Business Hours: \_\_\_\_\_ Phone number: \_\_\_\_\_

Business Website: \_\_\_\_\_

Attach one:  Articles of Incorporation OR  Assumed Name Certificate

**Authorized Applicant Information**

Name of applicant \_\_\_\_\_ Date of birth \_\_\_\_\_

Applicant's Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Applicant's Driver's License (attach copy): \_\_\_\_\_

**Owner Information:**

Name of Owner: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner's Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

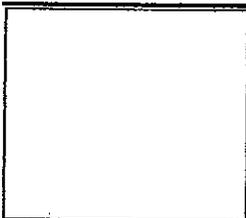
Home Phone: \_\_\_\_\_ Owner's Driver's License Number (attach a copy): \_\_\_\_\_

**Event Information (if applicable):**

Name of event location \_\_\_\_\_

Address of event location: \_\_\_\_\_

Date(s) and time(s) of event: \_\_\_\_\_



Right Thumb Print

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Name of Employee (s)**

Name of Employee: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employee's Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Employee's Driver's License Number (attach copy): \_\_\_\_\_

Name of Employee: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employee's Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Employee's Driver's License Number (attach copy): \_\_\_\_\_

I, \_\_\_\_\_ under penalties of perjury, state that the above information is true and that I have read the provisions of Act 350 of the Public Acts of 1917 and understand them, 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 I have never been convicted of a felony under this Act or under section 535 of the Michigan Penal Code, 1931 PA 328, MCL 750.525 (Receiving Stolen Property), as amended, within the five (5) year period preceding the date of this application, or convicted of a misdemeanor under said laws within a one (1) year period preceding the date of this application.

**PHOTOCOPY DRIVER'S LICENSE**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed name and Title

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**For Office Use Only**

Date Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Copy of Driver's License: \_\_\_\_\_

Articles of Incorporation or Assumed Name Certificate: \_\_\_\_\_

Clio PD License Certificate Number \_\_\_\_\_

Certificate Expiration Date \_\_\_\_\_