NOVI CITY CLERK'S OFFICE
45175 TEN MILE ROAD
NOVI, MI 48375
(248) 347-0456
Fax (248) 347-0577

SECONDHAND DEALER AND JUNK DEALER APPLICATION FOR ADDITIONAL EMPLOYEE
Act 350 of the Public Acts of 1917

Pursuant to Chapter 27.5, Article III, you must provide the name, address, birth date, and driver's license number, if applicable, of all owners and employees in the business, identifying where applicable, any employees who will manage, or be in charge of the operation of the business at any time.

Employee Information:

Name of employee: _____ Date of birth: _____

Employee's home address: _____

City: _____ State: _____ Zip: _____ Phone number: _____

Employee's driver's license number (attach copy): _____

Employee's role/position related to handling goods:

Business information:

Name of business: _____

Business address: _____

City: _____ State: _____ Zip: _____ Phone number: _____

I hereby certify my understanding of the following statements:

I hereby authorize the City of Novi to seek information and conduct an investigation into the truth of the statements set forth in this application and qualifications of the applicant.

I declare under penalty of perjury that the information contained in this application is true and correct.

_____
Signature of applicant

_____
Printed name and title

Subscribed and sworn before me, this _____ day of _____, 20___

_____
Notary public
_____ County, Michigan

My commission expires: _____