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

PAWNBROKER
APPLICATION FOR ADDITIONAL EMPLOYEE
Public Act 273 of 1917

Employee Information:

Employee name: _____ Date of birth: _____

Home address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Driver's license number (**attach copy**): _____

Business information:

Name of business: _____

Business address: _____ City: _____ State: _____ Zip: _____

Business hours: _____ Phone number: _____

Please initial that you have read and understand the following statements:

_____ I hereby certify that the above information is true and accurate to the best of my knowledge and further understand and represent that if any changes to the above information are made, that said information will be supplied to the City immediately.

_____ 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: _____