



**SECONDHAND DEALERS LICENSE APPLICATION**

\_\_\_\_\_  
Name of Applicant Date

\_\_\_\_\_  
Permanent Address State & Zip Telephone

\_\_\_\_\_  
Local Address and Telephone

\_\_\_\_\_  
Date of Incorporation Federal Tax ID Number

**Describe the nature of the business and the goods to be sold.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Names and addresses of the corporate officers of the business if different from the applicant:**

\_\_\_\_\_  
Name Address City, State, Zip

\_\_\_\_\_  
Name Address City, State, Zip

**The applicant agrees to hold the City harmless accordingly to Section 82-48 of the Ypsilanti City Code.**

\_\_\_\_\_  
Signature of Applicant *(to be notarized)*

**Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ in and for \_\_\_\_\_ County, Michigan.**

\_\_\_\_\_  
Signature of Notary

**Print Name:** \_\_\_\_\_ **Commission expires:** \_\_\_\_\_