



NOVI CITY CLERK'S OFFICE  
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**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: \_\_\_\_\_