



Traverse City Police Department

PRECIOUS METAL & GEM DEALER CERTIFICATE OF REGISTRATION

Please return application/fee to:

Traverse City Police Department
851 Woodmere Ave.
Traverse City, MI 49686

Fee: \$50.00

Application Information:

Applicant Name: _____ **Birth Date:** _____

Applicant Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Name of Business: _____

Address of Business: _____

Name and address of all Agents or Employees:

1. _____

2. _____

3. _____

4. _____

Excellence in public service and safety through community policing.

Thumbprints:

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Name:

Name:

Name:

Name:

Name:

- A dealer or an agent or employee of a dealer who is convicted of a misdemeanor under Public Act 95 of 1981 or under section 535 of the Michigan penal code, Public Act 328 of 1931, shall not be permitted to operate as a dealer within this state for a period of 1 year after conviction.
- A dealer or an agent or employee of a dealer who is convicted of a felony under Public Act 95 of 1981 or under section 535 of the Michigan penal code, Public Act 328 of 1931, shall not be permitted to operate as a dealer within this state for a period of 5 years after conviction.
- **For Records of Transaction you must register with Leadsonline. Go to <https://leadsonline.com/>**

The undersigned, by the execution of this application, agrees to conform to all the terms and provisions of the Precious Metal and Gem Dealer Act 95 of 1981 and does represent that he/she has read the forgoing application by him/her signed, and know the contents thereof, and that the same is true of his/her own knowledge, except as to the matters therein stated to be upon his/her information and belief, and as to those matters he/she believes it to be true.

X

Applicant Signature

Driver's License #

X

Chief of Police

Date

Traverse City Police Department's Use Only

Application Received _____(Date)

Application Fee Received _____(Date)

Approved _____(Date)

Denied _____(Date)



**Traverse City Police Department
851 Woodmere Ave.
Traverse City, Mi 49686**

**VOLUNTARY LAW ENFORCEMENT
RECORDS CHECK**

I am making an application as indicated below for the purpose of operating a business or other enterprise within the City of Traverse City. I understand that my application

requires a check of local and/or nationwide law enforcement and driving records. My signature represents a request to the Traverse City Police Department to perform the law enforcement records check indicated.

**Precious Metal & Gem Dealer Registration-
Complete Criminal History & Driving Record Check**

WAIVER OF LIABILITY AND RELEASE OF CLAIMS

I authorize the TRAVERSE CITY POLICE DEPARTMENT to query and release law enforcement and driving records from all sources. I release and forever discharge the City of Traverse City and its agents, officers, and employees from any and all actions, claims, and demands for, upon or by reason of any damage, loss or injury, which may be sustained by me in the nature of libel, slander, invasion of privacy or other results from errors or omissions in the information given or from the use of the information, whether by reason or unauthorized use, negligence or otherwise.

PLEASE PRINT:

Name: _____ / _____ / _____
(Last) (First) (Middle)

(Maiden/Alias)

Address:

(Address, City, State Zip)

Date of Birth: _____ / _____ / _____

Driver's License Number:

Phone Number: _____

Signature:
X _____

Box No Records were found identified with the above individual

Box The records check did disclose information for the individual named above.

Date of event	Complaint Number	Charge
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Records check completed by:

Date: _____ Years Included with Check: _____