
City of Traverse City

Office of the City Clerk

GOVERNMENTAL CENTER
400 Boardman Avenue
Traverse City, MI 49684
(231) 922-4480
tcclerk@traversecitymi.gov



Dear Applicant:

Subject: Secondhand Store License

Enclosed is an Application for a Secondhand Store License which must be completed in its entirety prior to submission. Please familiarize yourself and adhere to the Traverse City Code of Ordinances Chapter 856 *Secondhand Stores* which can be viewed in its entirety at https://library.municode.com/mi/traverse_city/codes/code_of_ordinances?nodeId=PTEIGHTBU_RETACO_TITWOBURE_CH856SEST.

When submitting your application, please include the following:

- 1). \$50 Application Fee
- 2). All Secondhand Stores being licensed within the City limits that are of the same owner. If you need additional room to list multiple store locations please use a separate piece of paper.

Please note that all Secondhand Store Licenses will expire on December 31 of each year.

Once your application and required documents have been received, the City Clerk's Office will obtain approvals from the appropriate departments and agencies. This process may take up to one week. Once all departments have approved your request, the City Clerk's Office will issue you a formal *Secondhand Store License*.

We hope this information is helpful! The City of Traverse City looks forward to working with you to compliment the living experience in Traverse City! Should you have any questions, please feel free to contact anyone in the City Clerk's Office at (231) 922-4480 or tcclerk@traversecitymi.gov

Most Sincerely,

A handwritten signature in blue ink, appearing to read "Benjamin Marentette".

Benjamin Marentette, MMC
City Clerk



CITY OF TRAVERSE CITY
APPLICATION FOR SECONDHAND STORE LICENSE
(City Ordinance 856)

Business Name: _____

Proprietorship Partnership Corporation

Business Address: _____
(Street) (City) (State) (Zip)

Business Address: _____
(Street) (City) (State) (Zip)

Email Address: _____ Phone No: _____

Owner/Manager Name: _____
(First) (Last) (Title)

Owner/Manager Residential Address: _____
(Street) (City) (State) (Zip)

Driver's license No. _____ \ _____ \ _____ \ _____ Issuing State: _____

State Sales Tax No. _____

The undersigned, being duly sworn, deposes and says he wishes to be permitted to perform the operation, service, or act stated hereon and that the statements made above are true and correct to the best of his knowledge and belief. Deponent further says that he will comply with all provisions of the ordinances of the City of Traverse City and the laws of the State of Michigan relative to the operation, service, or act for which this license/permit is required during the period the license/permit is in effect.

Deponent further agrees to hold the City of Traverse free and harmless from all liability which may be imposed upon it, to reimburse the City of Traverse City for any legal liability that may be adjusted against it and to reimburse the City of Traverse City for all expenses of litigation in connection with the defense of claims as such liability and claims may arise because of negligence in the performance of the operation, service, or act for which the license/permit was issued.

The applicant acknowledges that the City may be required from time to time to release records in its possession. The applicant hereby gives permission to the City to release any records or materials received by the City from the applicant as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.

Date: _____

Signature