CITY OF SAULT STE. MARIE, MICHIGAN
SECONDHAND LICENSE APPLICATION

1. **Person requesting license:**

Name: _____
Company Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____

2. **Location of Sale:** _____

I hereby declare the foregoing information to be true and correct to the best of my knowledge and agree that the license which may be issued as herein applied for is not assignable and to the powers of revocation and suspension as contained in the Code of the City of Sault Ste. Marie, Michigan.

Signature of Applicant: _____ **Date**: _____

Printed Name of Applicant: _____

License: **Granted** _____ **Withheld** _____

Approved by:

_____ _____

Police Chief **Date** **City Clerk** **Date**

License Fees:
Annual $ 55

Amount Paid: _____ Receipt Number: _____ License # _____

Check List:
Application
License Fee