



THE CORPORATION OF THE CITY OF SAULT STE. MARIE, CITY CLERK'S DEPARTMENT
P.O. BOX 580, SAULT STE. MARIE, ONTARIO P6A 5N1

PAWNBROKER LICENCE APPLICATION

1. APPLICANT

Name _____

Address _____

City _____ Postal Code _____

Date of Birth _____ Phone Number _____
Year Month Day

2. Have you resided in Sault Ste. Marie for the past 12 months? _____

3. NAME OF BUSINESS _____

4. BUSINESS ADDRESS _____

5. ALL PRINCIPAL OFFICERS OR PARTNERS

Name	Address	Phone Number	Date of Birth
_____	_____	_____	Yr Mo Day
_____	_____	_____	Yr Mo Day
_____	_____	_____	Yr Mo Day

6. Have you or do you presently operate a business in this City? If so, state nature and details of same. _____

7. Nature of business to be carried on with regard to this application: _____

I hereby certify that the above information is true and correct to the best of my knowledge. I authorize the City's Tax and Licensing Division or its Police Department to make such inquiries as they deem necessary to confirm the information provided above.

DATE _____ SIGNATURE _____

NOTE: Pawnbroker licence must be POSTED in a conspicuous place and available for inspection upon request.

(for office use only)

Certificates of Approval must be attached hereto from the following departments as checked below before the licence can be issued.

- Algoma Health Unit
- Building Division
- Community Services Dept.
- Police Department
- Fire Department
- Other – Certified Cheque/Irrevocable Letter of credit in the amount of \$2,000.00 Made payable to the Corporation of the City of Sault Ste. Marie

TYPE OF LICENCE TO BE ISSUED: _____ FEE (Must be paid by Cash/Debit/Cheque)
09- _____ PAWNBROKER LICENCE \$ _____

APPROVED BY: _____ DATE OF ISSUE: _____