



CITY OF MISHAWAKA

LICENSE APPLICATION
For Secondhand Stores

Applicant's Name: _____

Business Address: _____

Mailing Address: _____

Business Telephone No. _____

FAX Number: _____

Email Address: _____

1. If applicant or firm or partnership, the applicant shall attach to this application a listing of the names, addresses, and telephone numbers of all partners. If the applicant is a corporation, the applicant shall attach to this application a list containing the full name of the corporation, its principal place of business, the state in which it is incorporated, and the full names, addresses and telephone numbers of all officers and directors.

2. Describe the type of secondhand goods or merchandise your business sells or intends to sell:

3. Do you sell or intend to sell any of the items indicated on the property list issued by the Mishawaka Chief of Police or his designee, as particles frequently stolen or otherwise illegally acquired by individuals engages in criminal actives? Yes _____ No _____

Is yes, please describe those items below:

4. What are the hours of operation of your business? _____

I hereby verify under oath that all information included in this application is true and accurate.

Date

Applicant's Signature

For Office Use Only

1. **Police Department Review:**

The Police Department has reviewed the information contained in this application and recommends approval/denial of the application.

Date

Police Chief or Designee (signature)

Police Chief or Designee (printed name)

2. **Date Application Submitted to Clerk of the Board:** _____

3. **Public Hearing set for the** _____ **day of** _____ **2** , **at** _____ **o'clock** _____ **M.**

4. **Board Action:** Application is hereby approved / denied.

Date

President, Board of Public Works and Safety

Issued License No. _____

Date: _____

Receipt No. _____

By: _____

Fee: \$15.00 Expires 12/31/_____