





## BAY CITY POLICE DEPARTMENT

501 Third St., Bay City, MI 48708  
(989) 892-8571

### FINGERPRINT INFORMATION

Pawnbroker/Secondhand & Junk Dealers/Fortunetelling/Amusement Place Licenses

It is the responsibility of this department to complete the following:

- Fingerprint and background check of all applicants.
- Complete required forms and processing of essential paperwork.

In view of the necessary work involved and the number of persons required to process your application, a fingerprinting fee of fifteen dollars (\$15.00) is required, as approved by the City Commission. (Cash, check, cashier's check, or money order) The fingerprints are processed through the Michigan State Police. A \$30.00 fee is required by the State of Michigan for each set of fingerprints in addition to the Bay City Police Department fees. (Check or money order made out to the 'State of Michigan'.)

✓ **The City of Bay City requires fingerprints of applicant(s). Please call the Bay City Police Department at (989) 892-8571, ext. 2337 or 2312 for an appointment to be fingerprinted.**

✓ **The results of the fingerprints will be mailed to your home address from the State of Michigan. It is your responsibility to bring (or mail) the results back to the Police Department for final processing.**

If you have further questions or concerns regarding the Bay City Police Department licensing requirements, please call (989) 895-0918.

**City of Bay City**  
**Authorization for Release of Records**

Having made application for a \_\_\_\_\_ License with the City of Bay City, Michigan and desiring that they be informed as to my criminal record or lack of criminal record, I hereby authorize the City of Bay City, Michigan, to investigate my history and to have access to any and all information which may relate to my criminal record or lack of criminal records.

I further authorize any person, or entity possessing such information, to furnish such information to the City of Bay City, Michigan.

I also release the City of Bay City, Michigan, and any person or entity providing such information to the City of Bay City, Michigan, from any liability, for damages of any kind, which may result from the release of such information to the City of Bay City, Michigan.

A copy of this authorization shall have the same force as the original.

(Please Print)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE