

EAST WINDSOR POLICE DEPARTMENT APPLICATION PAWN BROKER, PRECIOUS METALS AND STONES, SECONDHAND DEALER PERMIT



Date of Application: **Date of Fingerprint:**

Type of Application:

Pawnbroker Initial License \$50.00 Renewal \$25.00 Renewal Fee waived with Secondhand License
 Secondhand Dealer Initial license Fee \$250 Renewal \$100
 Precious Metal or Stones Dealer Initial License Fee \$10 Renewal \$10

Name of Business:

Type of Business

Last Name of Applicant:

Sex:

First Name of Applicant:

Race:

Middle Name of Applicant:

Place of Birth:

Applicant's Date of Birth:

Age:

Business Address		Applicant's Residential Address	
Street Address:	<input type="text"/>	Street Address:	<input type="text"/>
Town or City/State:	<input type="text"/>	Town, City/State:	<input type="text"/>
Zip/Postal Code	<input type="text"/>	Zip/Postal Code:	<input type="text"/>
Business Phone:	<input type="text"/>	Home Phone:	<input type="text"/>
Current Occupation	<input type="text"/>	Cell Phone:	<input type="text"/>

List all locations used or intended to be used for the purchase, receipt, storage, or sale of property:

Physical Address of Property (include unit #)	City/Town & State, Zip Code	Use/Intended Use:

List all of the residential addresses by the applicant over the past five (5) years:

Street Address	City/Town & State, Zip Code	Dates Resided from/to:

Please use reverse side if additional space is needed.

Continuation of Application Name of Applicant:		Date of Application:	
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EMPLOYMENT HISTORY (past 5 years)

1. Current or Most Recent:

Name of Employer: Supervisor:

Dates of Employment: From: To:

Complete Address:

Phone #: Last Job Title:

2.

Name of Employer: Supervisor:

Dates of Employment: From: To:

Complete Address:

Phone #: Last Job Title:

3.

Name of Employer: Supervisor:

Dates of Employment: From: To:

Complete Address:

Phone #: Last Job Title:

PREVIOUS EXPERIENCE Has applicant had previous experience in the type of business for which a license is being sought under this application:

Name of Employer: Supervisor:

Dates of Employment: From: To:

Complete Address:

Phone #: Last Job Title:

INTERNET WEB SITES, ACCOUNTS, EMAIL ADDRESSES List all sites, accounts, and addresses required under C.G.S. Chapter 409.

#1	<input type="text"/>
#2	<input type="text"/>
#3	<input type="text"/>
#4	<input type="text"/>

Continuation of Application Name of Applicant:		Date of Application:	
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CRIMINAL HISTORY – List all crimes for which you have been convicted.	<input type="checkbox"/>	Check if you have never been convicted of a crime.
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Crime	Date of Conviction	Court Where Convicted	Arresting Agency

Employees, Principals in Business, Officers, Shareholders, Financial Backer or Creditors List all persons required to be reported under Chapter 409 of the C.G.S.
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Individual's Relationship To Business	Name	Address	Phone Number

Please use reverse side if additional space is needed.

I hereby certify that the information provided is true and accurate. I understand that if I have falsified any information in this application or on the attached _____ pages, I will not be entitled to the license sought or, if the information is found to be false after the license is issued, the license may be revoked or suspended after notice and hearing. I fully understand that if I intentionally make a statement that is untrue and which is intended to mislead a public servant in the performance of his or her official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes for False Statement and may be subject to arrest.

Date: _____ Signature of Applicant:

_____ (Must be signed in the presence of a Notary Public)

Subscribed and sworn to before me this _____ day of _____, 20_____, in accordance with the Connecticut General Statutes.

Signature of Notary Public	Print Name of Notary Public
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My Commission expires: _____