



Application for Licensing as a Pawnbroker, Secondhand Dealer, or Precious Metals, Gemstone, and Coins Dealer

(Pursuant to C.G.S. 409/414 and P.A. 11-100)

1. Type of Application:

<input type="checkbox"/> Pawnbroker <input type="checkbox"/> Initial License Fee (\$50) <input type="checkbox"/> Renewal Fee (\$25) <input type="checkbox"/> Renewal Fee waived with secondhand license	<input type="checkbox"/> Secondhand Dealer <input type="checkbox"/> Initial License Fee (\$250) <input type="checkbox"/> Renewal Fee (\$100)	<input type="checkbox"/> Precious Metal/Stones Dealer <input type="checkbox"/> Initial License Fee (\$10) <input type="checkbox"/> Renewal Fee (\$10)
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All fees shall be payable to the "East Haven Police Department" by business check, certified bank check, money order, or postal order ONLY.

2. Applicant Information:

Last Name:	First Name:	Middle Name:
Date of Birth:	City/State of Birth:	Age:
Sex:	Race:	
Current Home Address:	City/State:	Zip:
Home Phone:	Cell Phone:	

List ALL of the residential addresses used by the applicant over the past five years:

Street address (include unit #)	City, State, Zip	Dates of Resident (to and from)

NOTE: For more room, list any additional addresses on a separate piece of paper and attach to this page.

3. Business Information:

Business Name:	Type of Business:
Main Business Address:	City/State: Zip:
Business Phone:	Business Fax:

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, State, Zip	Use/Intended Use

NOTE: For more room, list any additional locations used or intended to be used on a separate piece of paper and attach to this page.

4. Employment History (Past 5 years):

A. Current or most recent:

Name of Employer: _____ Name of Last Supervisor: _____
Dates of Employment: _____ From: _____ To: _____
Last Job Title: _____ Phone: _____
Address: _____ City/State: _____ Zip: _____

B. Prior:

Name of Employer: _____ Name of Last Supervisor: _____
Dates of Employment: _____ From: _____ To: _____
Last Job Title: _____ Phone: _____
Address: _____ City/State: _____ Zip: _____

C. Prior:

Name of Employer: _____ Name of Last Supervisor: _____
Dates of Employment: _____ From: _____ To: _____
Last Job Title: _____ Phone: _____
Address: _____ City/State: _____ Zip: _____

NOTE: For more room, list any additional previous employments on a separate piece of paper and attach to this paper.

5. Previous Experience

A. Have you ever had experience in the type of business for which a license is being sought?

- Yes (explain below) No (skip to section 6)

Name of Business: _____ Name of Last Supervisor: _____
Dates of Employment: _____ From: _____ To: _____
Last Job Title: _____ Phone: _____
Address: _____ City/State: _____ Zip: _____

NOTE: For more room, list any additional previous employments on a separate piece of paper and attach to this paper.

6. Criminal History

A. Have you ever been convicted of a crime?

- Yes (explain below) No (skip to section 7)

Crime	Date of Conviction	Court Where Convicted	Arresting Agency

NOTE: For more room, list any additional criminal information on a separate piece of paper and attach to this paper.

7. Employees, Principals in Business, Officers, Shareholders, Financials Backers, or Creditors

List all persons required to be reported under Chapter 409 of the Connecticut General Statutes:

Relationship to Business (Principal, Officer, Shareholder, Backer, Creditor, or Other. If other, explain.)	Name	Address	Phone

NOTE: For more room, list any additional required persons on a separate piece of paper and attach to this page.

8. Internet Accounts, Websites, or E-Mail Addresses

List all web sites or e-mail addresses required under Chapter 409 of the Connecticut General Statutes:

1. _____
2. _____
3. _____
4. _____

NOTE: For more room, list any additional sites, addresses, or accounts on a separate piece of paper and attach to this page.

9. Certification

I hereby certify that the information contained in this application and attached pages is true and correct to the best of my knowledge, information, and belief. 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 that my current license may be revoked or suspended, after notice and hearing, if information is found to be false or inaccurate after the license has been issued. 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 and may be subject to arrest.

Date: _____ Signature of Applicant: _____

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

Signature of Notary Public: _____ Print Name of Notary Public: _____

My Commission Expires: _____

10. FOR INTERNAL USE ONLY

A. Date of Application:	E. Date Bond Submitted:
B. Date of Fingerprint:	F. Date of License Approval:
C. Date of Background Check:	
D. Date of CPU Records Check:	