

Pawnbroker/Second Hand Dealer License Application
Goffstown Police Department
326 Mast Rd
Goffstown NH 03045
(603) 497-4858

APPLICATION INSTRUCTIONS: Read the following carefully before you sign below. A false statement on any part of this application will be just cause for refusal of this application and may be punishable under RSA 641:3. A \$100.00 application fee (\$50.00 for a renewal) must accompany this application. Make checks payable to the Town of Goffstown.

Applicant Information

__New __Renewal

Name _____ Date of Application _____

Street _____ Driver's License No. _____

City/Town _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____

Height _____ Weight _____ Hair _____ Eyes _____ Sex _____

I have previously obtained a Pawnbroker/Second Hand Dealer License # _____ issued on _____ by _____

I have had a Pawnbroker/Second Hand Dealer License **REVOKED/SUSPENDED**. If so, please include the date it was revoked, the reason and the original issuing agency.

_____ revoked/suspended on _____ by _____

Reason: _____

Company Information

Company Name _____

Company Address _____

Company Phone Number _____

Owner's Name _____ Title _____

Owner's Home Address _____

Employees

*Note: This application **MUST** include all personal identifying information for all persons operating or intending to operate under this license. If additional space is needed, please include additional employees on the back of this application.*

1.) Name _____ Occupation _____

Street _____ Driver's License No. _____

City/Town _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____

Height _____ Weight _____ Hair _____ Eyes _____ Sex _____

2.) Name _____ Occupation _____
Street _____ Driver's License No. _____
City/Town _____ State _____ Zip _____
Date of Birth _____ Place of Birth _____
Height _____ Weight _____ Hair _____ Eyes _____ Sex _____

3.) Name _____ Occupation _____
Street _____ Driver's License No. _____
City/Town _____ State _____ Zip _____
Date of Birth _____ Place of Birth _____
Height _____ Weight _____ Hair _____ Eyes _____ Sex _____

4.) Name _____ Occupation _____
Street _____ Driver's License No. _____
City/Town _____ State _____ Zip _____
Date of Birth _____ Place of Birth _____
Height _____ Weight _____ Hair _____ Eyes _____ Sex _____

5.) Name _____ Occupation _____
Street _____ Driver's License No. _____
City/Town _____ State _____ Zip _____
Date of Birth _____ Place of Birth _____
Height _____ Weight _____ Hair _____ Eyes _____ Sex _____

Merchandise Information

Type of Merchandise you intend to deal in:

Surveillance/Security Information

Please include a description of the "electronic monitoring/recording equipment" your store will be equipped with, pursuant to Goffstown Town Ordinance _____

I have annotated below all of my criminal convictions and that of all employees that are employed by me or intending to operate under this license within the preceding ten years of any theft related offense to include but not limited to: Theft, Burglary, Receiving Stolen Property, or Fraud.

Note: All additional criminal convictions should be listed on the back of this application.

Criminal History

<u>Date</u>	<u>Offense</u>	<u>Employee Name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have received a copy of the Town of Goffstown Pawnbroker/Second-Hand Dealer Ordinance and fully understand the provisions contained therein. I understand that any information I give may be investigated as provided for by Town Ordinance. I have completed a Criminal Record Release Authorization Form and have submitted it as part of this application. I have also provided completed Criminal Record Release Authorization Forms for each employee operating or intending to operate under this license. I certify that, to the best of knowledge and belief, all my statements are true, correct, and complete and made in good faith.

I hereby swear that the information stated above is true to the best of my knowledge, under the penalties of law pursuant to N.H. RSA § 641:3.

Date

Signature

Recommend Approval
Yes _____ No _____

Chief of Police