Application for Licensing under C.G.S. Chapters 409/414

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

Type of Application:

◯ **Pawnbroker** ◯ Initial License fee $50 ◯ Renewal $25 ◯ 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

STATE OF CONNECTICUT

Department of Emergency Services and Public Protection

Division of State Police -Special Licensing

1111 Country Club Road
Middletown, CT 06457-2389
Phone: 860-685-8046
Fax: 860-685-8496
www.ct.gov/dps

Name of Business:

Type of Business:

Last Name of Applicant:

First Name of Applicant:

Middle Name of Applicant:

Applicant's Date of Birth:

Sex: Place of Birth

Race: Age:

BUSINESS ADDRESS		APPLICANT'S RESIDENTIAL ADDRESS	
Street Address:		Street Address:	
Town or City/State:		Town or City/State:	
Zip/Postal Code:		Zip/Postal Code:	
Business Phone:		Home Phone:	
Applicant's Current Occupation:		Cell Phone:	

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 used by the applicant over the past five years:

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

☐ Check here if an additional sheet is attached for locations used by business for purchase, receipt, storage or sale of property

☐ Check here if an additional sheet is attached for applicant's residential addresses

Name of Applicant: Date of Application:

EMPLOYMENT HISTORY (past five years)

1. Current or most recent

Name of Employer:

Name of last supervisor:

Dates of employment: From: To:

Complete Address:

Phone #:

Last job title:

2.

Name of Employer:

Name of last supervisor:

Dates of employment: From: To:

Complete Address:

Phone #:

Last job title:

3.

Name of Employer:

Name of last supervisor:

Dates of employment: From: To:

Complete Address:

Phone #:

Last job title:

☐ Check here if an additional sheet is attached for applicant's employment history

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

Name of Business:

Name of last supervisor:

Dates of employment: From: To:

Complete Address:

Phone #:

Last job title:

☐ Check here if an additional sheet is attached for applicant's previous experience

Name of Applicant: _____ Date of Application: _____

CRIMINAL HISTORY - List all crimes for which you have been convicted.

☐ Check if you have never been convicted of a crime

Crime	Date of Conviction	Court Where Convicted	Arresting Agency

☐ Check here if an additional sheet is attached for criminal history

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.

Individual's Relationship to Business	Name	Address	Phone Number
Select One			
Select One			
Select One			
Select One			

☐ Check here if an additional sheet is attached for EMPLOYEES, PRINCIPALS IN BUSINESS, OFFICERS, SHAREHOLDERS, FINANCIAL BACKER or CREDITORS

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

#1	
#2	
#3	
#4	

☐ Check here if an additional sheet is attached for Internet Web Sites and Accounts

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 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

My Commission expires: _____