

City of New Haven Permit & License Center

> 200 Orange Street, Room 501 New Haven, Connecticut 06510



Justin Elicker Mayor

## BROKER BUSINESS LICENSE APPLICATION

**Select One: \Box** New Applicant - \$50.00

□ Renewal Applicant - \$25.00

Date Application Subr	nitted:					
Applying As: 🗖 Indivi	dual 🗖 🤇	Corporation	🗖 LLC	🗖 Partnershi	ip	□ Association
Type of Application:	🗖 Pawnbro	oker 🗖 See	condhand	Dealer 🗖 Pro	reciou	is Metal or Stones Dealer

#### **Business Information**

Business Name:		Type of Busines	ss:		
Street Address:	City:	S	State:	Zip:	
Business Phone:	Business Email:				
Internet Website or Account used to Cond	luct Business:				
Days & Hours of Operation: (Monday) (Friday)	(Tuesday) (Saturday)			(Thursday)	

#### **Applicant Information**

Applicant Name:							
	(La		(First)		(Middle)		
Applicant Address:							
	treet #)	(Street Name)	(City)	(State	e) (Zip)		
Home Phone:		Mobile Phone:	Email:				
Valid Photo ID#			Issuing State:	Sex: 🗌 Male	🗌 Female		
Type of Identification:							
	NOII-DIIVCI			, issued iD			
Other Issued ID (II	) Type)						

#### **Business Owner Information**

Business Owner Name:	(I. c. c.t.)	(Tringt)	
	(Last)	(First)	(Middle)
Address:(Street #)	(Street Name)	(City)	(State) (Zip)
Home Phone:	Mobile Phone:	Email:	
Date of Birth:	Valid Photo ID#	Issuing Sta	ate:
Type of Identification: 🗌 Dri	ver License 🗌 Non-Driver I	License 🗌 Passport 🗌 State I	ncome Maintenance
Property Owner Inform	mation		
Property Owner Name:	(Last)	(First)	(Middle)
		(F11St)	(imidale)
Address:(Street #)	(Street Name)	(City)	(State) (Zip)
Home Phone:	Mobile Phone:	Email:	
Employer:		Name of Supervisor:	
Employer:		Name of Supervisor:	
Address:	City	y:	State: Zip:
Dates of Employment: From	То	Phone:	
Job Title:			
Employer:		Name of Supervisor:	
		Name of Supervisor:	
Address:	City	-	State: Zip:
Address: Dates of Employment: From	City	y: Phone:	State: Zip:
Address: Dates of Employment: From Job Title:	City	y: Phone:	State: Zip:
Address: Dates of Employment: From Job Title: Employer:	City	y: Phone:	State: Zip:
Address: Dates of Employment: From Job Title: Employer:	City To Cit	y: Phone: Phone: Name of Supervisor: ty:	State: Zip:

	in Business, Officers, Sha required to be reported under (				
Name:(Last)			(First)		(Middle)
Individual's Relationship to	Business:				
Address:					
(Street #)	(Street name)		(City)	(State)	(Zip)
Place of Birth:	Date of Birth:	Age:	Sex:	Race:	
Name:			(E:		( <b>N</b> (: 1.11.)
(Last)			(First)		(Middle)
Individual's Relationship to	Business:				
Address: (Street #)	(Street name)		(City)	(State)	(Zip)
Place of Birth:	Date of Birth:	Age:	Sex:	Race:	
Name:					
(Last)			(First)		(Middle)
Individual's Relationship to	Business:				
Address: (Street #)	(Street name)		(City)	(State)	(Zip)
Place of Birth:	Date of Birth:	Age:	Sex:	Race:	
Name:					
(Last)			(First)		(Middle)
Individual's Relationship to	Business:				
Address:			(2)		
(Street #)	(Street name)		(City)	(State)	(Zip)
Place of Birth:	Date of Birth:	Age:	Sex:	Race:	

Physical Address of Property (include un	- City/	City/State/Zip	
List All of the Residential Address	ses Used By the Appli	cant for the Past Five (5) Ye	ears
Street Address	City/S	City/State/Zip	
Criminal History — List all crim	ies for which you hav	e been convicted	
Crime	Date of Conviction	Court Where Convicted	Arresting Agency
hereby agree to abide by all of the rules ar		BROKERS as defined by the City	of New Haven General C
f Ordinances and Connecticut General Sta fully understand that once issued a licens New Haven General Code of Ordinances an	e is not transferable, no refu	· · · · · · · · · · · · · · · · · · ·	
further certify that the information providence in and submitted along with this applied	led herein is true and accu	rate. I fully understand that if I ha	ave falsified any informa

herein and submitted along with this application packet, I will not be entitled to the license sought, and/or if after notice and hearing the information is found to be false. I fully understand that if I intentionally make a statement that is untrue and/or which is intended to mislead a public servant in the performance of his/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.

#### Application Must Be Signed and Notarized by a Notary Public

Applicant Signature	Date
Subscribed and sworn to before me this in accordance with the Connecticut General S	
Signature of Notary Public	Print Name of Notary Public
c ,	

Permit & License Center TELEPHONE NO. (203) 946-8388 ◆ FAX NO. (203) 946-8049



**James Turcio** Building Official Issuing Authority City of New Haven **Permit & License Center** 200 Orange Street, Room 501 New Haven, Connecticut 06510



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## **CERTIFICATION ACKNOWLEDGMENT**

I hereby certify that I have read the **Ordinances** and/or **Rules/Regulations** which pertain to **Brokers License** operations for the City of New Haven. I understand that I must comply with these **Ordinances** and/or **Rules/Regulations** at all times or be subject to enforcement actions by the City of New Haven.

I fully understand that if the **Brokers** application is denied by the City of New Haven, I will be entitled to a full refund. However, I further understand that if I withdraw the application for any other reason, the license fee is forfeited for permits that cost \$50.00 or less. Once issued a permit/license is non-refundable and non-transferable.

**NAME** (Please print your name. This permit/license is hereby granted to)

YOUR SIGNATURE

BUSINESS NAME OF PERMIT/LICENSE

DATE



James Turcio Building Official Issuing Authority

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### **REQUEST FOR CRIMINAL RECORD CHECK**

New App	licant Renewal	Applicant
Date:		
License Type: Auction/Auctioneer Parking Lot/Garage Street Vendor: Food Sales: Close-Out Broker: Pawnbroker	Door-to-Door	_ Tag
Applicant:		
Last Name	First Name	Middle
Date of Birth	Social Security Number	
Address	City	State Zip Code
Gender: Race:   Male Female Black	WhiteHispanic A	sian Other: (Please Specify)
Court Case(s) Pending: Yes _	No Recently Dis	sposed of on Date
Applicant Signature:		