

Business Owner Information

Business Owner Name: _____
(Last) (First) (Middle)

Address: _____
(Street #) (Street Name) (City) (State) (Zip)

Home Phone: _____ Mobile Phone: _____ Email: _____

Date of Birth: _____ Valid Photo ID# _____ Issuing State: _____

Type of Identification: Driver License Non-Driver License Passport State Income Maintenance

Property Owner Information

Property Owner Name: _____
(Last) (First) (Middle)

Address: _____
(Street #) (Street Name) (City) (State) (Zip)

Home Phone: _____ Mobile Phone: _____ Email: _____

Employment History for the Past Five (5) Years

Start with Current or Most Recent Employer

Employer: _____ Name of Supervisor: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates of Employment: From _____ To _____ Phone: _____

Job Title: _____

Employer: _____ Name of Supervisor: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates of Employment: From _____ To _____ Phone: _____

Job Title: _____

Employer: _____ Name of Supervisor: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates of Employment: From _____ To _____ Phone: _____

Job Title: _____

Employees, Principals in Business, Officers, Shareholders, Financial Backer or Creditors

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

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: _____
(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: _____
(Street #) (Street name) (City) (State) (Zip)

Place of Birth: _____ Date of Birth: _____ Age: _____ Sex: _____ Race: _____



James Turcio
Building Official
Issuing Authority

City of New Haven
Permit & License Center

200 Orange Street, Room 501
New Haven, Connecticut 06510



Justin Elicker
Mayor

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

City of New Haven
Permit & License Center

200 Orange Street, Room 501
 New Haven, Connecticut 06510



Justin Elicker
 Mayor

REQUEST FOR CRIMINAL RECORD CHECK

New Applicant **Renewal Applicant**

Date: _____

License Type:

Auction/Auctioneer

Parking Lot/Garage

Street Vendor: Food Peddler Managing Itinerant

Sales: Close-Out Door-to-Door Tag

Broker: **Pawnbroker** **Secondhand** **Precious Metal or Stones**

Applicant:

Last Name

First Name

Middle

Date of Birth

Social Security Number

Address

City

State

Zip Code

Gender:

Male Female

Race:

Black White Hispanic Asian Other: _____
 (Please Specify)

Court Case(s) Pending: Yes No Recently Disposed of on _____
Date

Applicant Signature: _____