



Robert Walsh
Acting Building
Official

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: New Applicant - \$50.00 Renewal Applicant - \$25.00

Date Application Submitted: _____

Applying As: Individual Corporation LLC Partnership Association

Type of Application: Pawnbroker Secondhand Dealer Precious Metal or Stones Dealer

Business Information

Business Name: _____ Type of Business: _____

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

Business Phone: _____ Business Email: _____

Internet Website or Account used to Conduct Business: _____

Days & Hours of Operation: (Monday) _____ (Tuesday) _____ (Wednesday) _____ (Thursday) _____
(Friday) _____ (Saturday) _____ (Sunday) _____

Applicant Information

Applicant Name: _____ (Last) _____ (First) _____ (Middle)

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

Home Phone: _____ Mobile Phone: _____ Email: _____

Valid Photo ID# _____ Issuing State: _____ Sex: Male Female

Type of Identification:

Driver License Non-Driver License Passport State Income Maintenance Issued ID

Other Issued ID (ID Type) _____

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: _____

List All Locations Used or Intended to Be Used For the Purchase, Receipt, Storage or Sale of Property

Physical Address of Property <i>(include unit #)</i>	City/State/Zip	Use/Intended Use
_____	_____	_____
_____	_____	_____
_____	_____	_____

List All of the Residential Addresses Used By the Applicant for the Past Five (5) Years

Street Address	City/State/Zip	Dates of Residency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Criminal History — List all crimes for which you have been convicted

Crime	Date of Conviction	Court Where Convicted	Arresting Agency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby agree to abide by all of the rules and regulations pertaining to **BROKERS** as defined by the City of New Haven General Code of Ordinances and Connecticut General Statutes.

I fully understand that once issued a license is not transferable, no refund will be issued, and is subject to the provisions of the City of New Haven General Code of Ordinances and Connecticut General Statutes applicable to the activity for which the license is requested.

I further certify that the information provided herein is true and accurate. I fully understand that if I have falsified any information 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 _____ day of _____, 20____,
 in accordance with the Connecticut General Statutes Chapter 409 §21-40.

 Signature of Notary Public

 Print Name of Notary Public

My Commission Expires: _____



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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



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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: _____