

TOWN OF NEWPORT

APPLICATION FOR A MUNICIPAL PAWNBROKERS LICENSE

PART I INSTRUCTIONS

APPLICATION TO BE COMPLETED IN NAME OF PERSON OR BUSINESS IN WHICH THE LICENSE OR PERMIT WILL BE ISSUED. QUESTIONS MUST BE ANSWERED COMPLETELY OR THE APPLICATION WILL BE RETURNED.

FOR NEW BUSINESSES: APPLICANT OR AN AUTHORIZED AGENT OF THE APPLICANT MUST BE PRESENT DURING THE INITIAL PUBLIC HEARING. APPLICANT IS RESPONSIBLE FOR REIMBURSING THE TOWN OF NEWPORT FOR ANY FEES ASSOCIATED WITH ADVERTISING THE PUBLIC HEARING, WHETHER THE LICENSE IS APPROVED OR DENIED.

THIS APPLICATION WILL BE PRESENTED TO THE MUNICIPAL OFFICERS FOR APPROVAL OR DISAPPROVAL ON _____ AT 6:30 P.M.

PART II APPLICANT INFORMATION

FULL NAME (Print): _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

DRIVERS LICENSE #: _____ SS #: _____

CURRENT HOME ADDRESS: _____

MAILING ADDRESS (If different from home address): _____

YEARS AT CURRENT ADDRESS: _____ HOME PHONE: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

PART III GENERAL INFORMATION

NAME OF BUSINESS: _____

BUSINESS LOCATION: _____

BUSINESS MAILING ADDRESS: _____

BUSINESS PHONE: _____ ZONE: _____

APPLICANT'S INTEREST IN PROPERTY: OWN _____ RENT _____

FORM OF BUSINESS: Proprietorship _____ Partnership _____ Corporation _____

IF NEW BUSINESS, PROPOSED START DATE: _____

DESCRIPTION OF BUSINESS: Kind of business: _____

Hours of operation: _____

Days of operation: _____

Number of Employees: _____

DOES THE ABOVE BUSINESS REQUIRE A STATE LICENSE?: Yes ___ No ___

PART IV CERTIFICATION

I CERTIFY THAT THE INFORMATION SUBMITTED ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE STATEMENT IS REASON FOR DENYING THIS APPLICATION. I AUTHORIZE THE TOWN OF NEWPORT TO CHECK AND VERIFY THE INFORMATION ON THIS APPLICATION.

SIGNATURE: _____

PRINTED NAME: _____

PLEASE NOTIFY THE TOWN CLERK OF ANY CHANGES IN YOUR APPLICATION.