



Salem Police Department

9 Veterans Memorial Pkwy
Salem, New Hampshire 03079
Phone: 603-893-1911 Fax: 603-685-6475

Permit# _____

Fee Received By: _____

Date Received: _____

SALEM NEW HAMPSHIRE

APPLICATION FOR SECOND-HAND DEALER/PAWBROKER LICENSE (FEE \$1,250.00)

Original Application Renewal Application

Business Name: _____

Business Address: _____ Telephone#: _____

Applicant's Name: _____ Title: _____ DOB: _____

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

Place of Birth: _____ Social Security #: _____

Are you now or have you ever been affiliated with any other Second-Hand Dealer / Pawnbroker business? Yes No

If Yes, Please List where in section below:

Name of Business: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Have you ever been refused a Second-Hand Dealer / Pawnbrokers license in this State or any other State? Yes No

Present Employer: _____

Previous Employer: _____

Have you ever been convicted of a felony or any crime related to the handling of second-hand property in this State or any other State which has not been annulled? Yes No

I UNDERSTAND THAT THIS LICENSE IS ISSUED, IT CAN BE REVOKED FOR JUST CAUSE

YOU MUST SIGN THIS APPLICATION: Read the following carefully before you sign. A false statement on any part of this application will be just cause for refusal of any application of any license under the provisions of Chapter 387 of the Town of Salem Ordinances and is punishable under RSA 641:3 Unsworn Falsification.

- I understand that any information I give may be investigated as allowed by law.
- I certify that, to the best of my knowledge and belief, all my statements are true, correct, complete, and made in good faith.
- I acknowledge that I have reviewed and understand the requirements of Chapter 387 of the Town Ordinances.

Signature of Applicant & Date

Approved Denied Date _____