



Permit #: \_\_\_\_\_

Fee Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

**SALEM NEW HAMPSHIRE  
APPLICATION FOR  
SECOND-HAND DEALER/PAWNBROKER LICENSE (FEE \$1,250.00)**

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Original Application       Renewal Application

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ 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 on the next line

Name: \_\_\_\_\_ 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 IF THIS LICENSE IS ISSUED, IT CAN BE REVOKED FOR JUST CAUSE

Signature, certification and release of information

**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 Ordinances and is punishable under RSA: 641:3

- 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 of 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 Ordinance.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Date