## TOWN OF HUDSON, NEW HAMPSHIRE APPLICATION FOR SECOND-HAND DEALER/PAWNBROKER LICENSE

License #	Date Received	New 🗆 Renewal 🗆	\$50.00 fee 🛛	
Please fill this application out completely and legibly				
Business Name:		Business Phone	:	
Business Address:				
Name of Applicant:		Date of Birth	:	
Place of Birth:			:	
Home Address: (include	full street address and any PO Box)			
Previous Employer: (include full name and address)				
Dates of Employment:				

## \*\*\*\* Please attach a list of all employees who will be employed at the business. This list should include the employee's full name, date of birth, place of birth, home address, and contact phone number.\*\*\*\*

Are you now or have you ever been affiliated with any other second-hand dealer and/or pawnbroker business?				
□ Yes	□ No	If yes, please list where on the next li	le.	
Busines	ss Name	Address	City/Town	State
Have you ever been refused a second-hand dealer and/or pawnbroker's license in this or any other State?				
□ Yes	□ Yes □ No If yes, please list where on the next line:			
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	If yes, please explain below. Be sure	to include the location of the o	conviction:

## 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 cause for refusal of any application for any license under the provisions of the Second-Hand Dealer/Pawnbroker Ordinance of the Town of Hudson and is punishable under New Hampshire RSA 641:3.			
I understand that the 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 the Second-Hand Dealer/ Pawnbroker Town Ordinance for the Town of Hudson.			
I understand that if this license is issued, it can be revoked or suspended upon the discretion of the Board of Selectmen.			
Applicant Signature: Date:			

Approved By:		
Title:	 Date:	

REFUSAL OF APPLICATION					
Refused By: Title:		Date:			
Reason for Refusal (Attach any pertinent documentation)					