

TOWN OF OYSTER BAY
OFFICE OF THE TOWN CLERK
AUDREY AVENUE, OYSTER BAY, N. Y. 11771

**DO NOT WRITE
IN THIS BLOCK**

Fee Paid \$ _____

Date _____

License No. _____

Issued _____ 19 ____

APPLICATION FOR SECOND HAND DEALERS LICENSE

PRINT CLEARLY OR USE TYPEWRITER

☐ General License (\$100)		Check Box To Indicate Type of License Requested ☐ Management (\$100)		☐ Exposition (\$50)	
Name of Applicant				Phone No.	
Address					
Exact Location of Business				N.Y.	
				Business Phone No.	
Corporation, Co-Partnership or Individual Using a Trade Name If A Corporation, Co-Partnership Or Individual Using A Trade Name, Fill In Blank Spaces Below.					
Corporation, Or Trade Name				Phone No.	
Main Office					
Incorporated?		Yes	Date		State
		No			
Partner or President	Name		Address		
Partner or Vice-President					
Partner or Secretary					
Partner or Treasurer					
Does any person other than persons listed above, have any interest in this business? Yes () No () If yes, attach statement explaining their connection with this business.					
CORPORATIONS		A corporation must furnish a photostatic copy of the filing receipt for the Certificate of Incorporation from the New York State Secretary of State. A corporation from outside New York State must furnish a photostatic copy of its application for authority to do business in New York State from the New York State Secretary of State. Some applications require proof of the election of the corporate officers, and in such cases, there must be filed a copy of the minutes of the corporate meeting electing directors and officers. All officers must be fingerprinted and also any stockholder of ten percent or more of the stock.			

INDIVIDUAL APPLICANT	Individuals operating under a trade name must present a certified copy of the trade name certificate filed in the County Clerk's office.
PARTNERSHIP	A partnership conducting business whether or not under a trade name, must submit a certified copy of the partnership certificate filed in the County Clerk's office.
SURETY BOND	Surety Bond in the amount of \$2,000.

If the applicant is a corporation state its principal place of business and the name and address of a person residing within the Town of Oyster Bay on whom papers may be served:

.....
.....

The applicant hereby states that no persons have provided any funds for the organization or operation of this business except as stated in this application and if any such funds are hereafter obtained the Town of Oyster Bay is to be notified immediately; and in the event of a change of officers, directors or stockholders, the Town of Oyster Bay be informed forthwith or license may be revoked.

THIS AFFIDAVIT MUST BE COMPLETED

STATE OF NEW YORK)
COUNTY OF NASSAU) ^{ss:}

.....

being duly sworn deposes and says: that he is the applicant above named; that he has read the foregoing application for a license, and knows the contents thereof and that the same is true to his own knowledge, except as to the matters therein stated to be alleged upon information and belief and that as to those matters he believes to be true.

Sworn to before me this

..... day of, 19... (signature)

.....
Notary Public, Nassau County, N.Y.

TOWN OF OYSTER BAY
OFFICE OF THE TOWN CLERK
 AUDREY AVENUE, OYSTER BAY, N. Y. 11771

APPLICATION FOR LICENSE AS

SECOND HAND DEALER

PRINT CLEARLY OR USE TYPEWRITER - ANSWER ALL QUESTIONS

1. Name in Full				Business Name		Bus. Phone					
2. Legal Address				Business Address							
3. How Long Have You Resided at Above Address? Yrs.			4. Date of Birth		5. Age		6. Place of Birth				
7. Are You a Citizen?		8. Native Born Or Naturalized		9. If Naturalized When Where							
10. Race		11. Height		12. Weight Lbs.		13. Color of Eyes		14. Color of Hair		15. Complexion	
16. Prominent Scars or Distinguishing Marks						17. Have You Any Mental or Physical Infirmary?					
18. Were You Ever Arrested For Or Convicted Of Any Crime Or Offense Other Than Traffic Infractions - Answer Yes Or No. If Yes, What Crime Or Offense? When?											
Where?						Penalty Assessed					

SWORN TO BEFORE ME THIS _____

I SOLEMNLY SWEAR TO THE TRUTH OF THE ABOVE STATEMENTS.

DAY OF _____ 19 _____

 NOTARY PUBLIC

 SIGNATURE OF APPLICANT

ORIGINAL - TO OFFICE OF THE TOWN CLERK

APPLICANT: The following two vouchers must be completed by two residents of Nassau County who have known you for a period of at least one year and are not related to the applicant.

Is the applicant related to you? If so, give particulars

Has the applicant ever been in your employ?

Would you employ him now if the opportunity offered?

I,, do hereby certify that I have known the applicant herein named, for a period of one year or more, that I have observed his conduct during the period so stated and found him to be honest, sober, and of good character, civil in manner and behavior; that I know nothing to his prejudice, and recommend him as a fit person to be licensed.

Signature Business

Residence Business Address

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Signature Business

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