TOWN OF OLD SAYBROOK

DEPARTMENT OF POLICE SERVICES

36 Lynde Street • Old Saybrook, Connecticut 06475

William Onofrio
Chief of Police

Employee Application For Licensing
Pawnbroker, Secondhand Dealer, Precious Metals and Stones Dealer

Date of Application: ____________ **Date of Finterprint:** ____________

Type of Business:

☐ Pawnbroker ☐ Secondhand Dealer ☐ Precious Metals and Stones Dealer

Business Information

Name of Business

Type of Business - LLC, Corporation, Partnership, Association

Street Address

City

State

Zip

Business Phone

Business Website

Employee Information

Last Name, First Name, Middle Name

Date of Birth

Sex

Applicant's Residential Street Address

City

State

Zip

Home Phone

Cell Phone

E-Mail Address

Position in Business - Title

Length of Time at Business

List all residential addresses used by the applicant in the past five (5) years:

Physical address of property (include unit #)	City/Town/State/Zip	Dates resided from/to:

If additional space is needed attach additional sheets

Applicant Employment History for the past five (5) years starting with the current or most recent

From:
To:
Name of Employer

Street Address
City
State
Zip

Business Phone
Last Supervisor Name
Supervisor Phone Number

Last Job Title

From:
To:
Name of Employer

Street Address
City
State
Zip

Business Phone
Last Supervisor Name
Supervisor Phone Number

Last Job Title

From:
To:
Name of Employer

Street Address
City
State
Zip

Business Phone
Last Supervisor Name
Supervisor Phone Number

Last Job Title

Criminal History

List all crimes for which you have been convicted ☐ Check here if you have no convictions

Name of Crime	Date of Conviction	Court Where Convicted	Arresting Agency

If additional space is needed attach additional sheets

I hereby certify that the information provided is true and accurate. I understand that if I have falsified any information in this application or on the attached pages, I will not be entitled to the license sought or, if the informaiton is found to be false after the license is issued, the license may be revoked or suspended after notice and hearing. I fully understand that if I intentionally make a statement that is untrue and which is intended to mislead a public servant in the performance of his or her official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes for False Statement and may be subject to arrest.

Date:____________________ Signature of Applicant:____________________________

Must be signed in the presence of a Notary Public

Subscribed and sworn to before me this _______ day of ______________, 20 ____, in accordance with the

Connecticut General Statutes.

____
Signature of Notary Public

____
Print Name of Notary Public

My Commission Expires: ____________________