Bridgeport Police Department Bridgeport, Connecticut Standard Form Number PD-112

## Application for a Pawnbroker License

This application must be completed fully. All items must be answered truthfully and accurately. Any misrepresentations, falsehoods, or material omissions may be cause for rejection of this application.

Name of Applicant:			Date:			
Aliases:						
Address:						
			Zip Code:			
Mailing Address (if	different from abo	ove):				
Home Telephone:			Business Phone:			
Height:	Weight:	Hair:	Eyes:	Sex:		
Social Security:			Date of Birth:			
Driver's License:			US Citizen	YESNO		
Place of Birth:	(City, State, Co	untry)				
-	esent, list your en	.,	the past ten (10) years. I ervice.	include periods of		
Name/Address of E	mployer(s)	Dates Employ	ed Duties	Reason for Leaving		
List any additional p property.	places that will be	used by the business	for the purchase, receipt	, storage or sale of		

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## Parity Police Department Application for a Pawnbroker License

Fingerprints taken by:		Date:
FBI Return:	State Return:	
•	f any crime or offense other than traffic v	•
Offense/Crime	Date of Conviction	City/State
Name of Business:		
Business Address:		
Business Hours:		
preceding the date of this applica	ense history in this or any other state for ation. If the applicant has had any such explain in detail the reason for such den	license denied, suspended or revoked
List the names and addresses of the amount each person's intere	all persons having a financial interest in est of ten (10) percent or more.	the Pawnbroker establishment and

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If a corporation holds ten (10) percent or more, the names and addresses of the corporate officers, directors and shareholders must be listed below. (If additional space is needed, attach a separate sheet of paper to this application.)

List below the names, dates of employed in the Pawnbroker passport-size photo for all em	establishment, regar	rdless of the nature of emplo	ently employed or intend to be byment. Include a recent
Name	Address	DOB	Social Security Number
I declare, under the penalties correspondence is true and co		hat the statements containe	d in this application or attached
			package that I am submitting will ion 53a-157 of the Connecticut
I also give authorization for th	ne release of any fina	ncial information for credit o	checks.
Date:	Appli	cant's Signature:	
Subscribed and sworn before	me this	day of	, 20
		Notary Public	
		My commission expires:	
Permit Fee: \$ 350.00 (REV. Surety Bond: \$2,000.00	5/2016)		
Date:	Appro	oved:	Denied: