



# Bridgeport Police Department Application for a Secondhand Dealer 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: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License: \_\_\_\_\_ US Citizen \_\_\_\_\_ YES \_\_\_\_\_ NO

Place of Birth: \_\_\_\_\_  
(City, State, Country)

Starting with the present, list your employment record for the past ten (10) years. Include periods of unemployment, part-time employment and any military service.

Name/Address of Employer(s)	Dates Employed	Duties	Reason for Leaving
-----------------------------	----------------	--------	--------------------

List below any additional places that will be used by the business for the purchase, receipt, storage or sale of property.



# Bridgeport Police Department Application for a Secondhand Dealer License

Fingerprints taken by: \_\_\_\_\_ Date: \_\_\_\_\_

FBI Return: \_\_\_\_\_ State Return: \_\_\_\_\_

Have you ever been convicted of any crime or offense other than traffic violations? If your answer is YES, list the offenses/crimes, dates of conviction, and state where the convictions took place.

Offense/Crime	Date of Conviction	City/State
---------------	--------------------	------------

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

Business Address: \_\_\_\_\_

Business Hours: \_\_\_\_\_

State below your Secondhand Dealer License history in this or any other state for the five (5) years immediately preceding the date of this application. If you have had such license denied, suspended or revoked in this or any other state, please explain in detail the reason for such action:

List the names and addresses of all persons having a financial interest in the Secondhand Dealer establishment and the amount each person's interest of ten (10) percent or more.



## Bridgeport Police Department Application for a Secondhand Dealer License

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 birth, and addresses of all persons who are currently employed or intend to be employed in the Secondhand Dealer establishment, regardless of the nature of employment. Include a recent passport-size photo for all employees with this application.

Name	Address	DOB	Social Security Number
------	---------	-----	------------------------

I declare, under the penalties of false statement, that the statements contained in this application or attached correspondence is true and correct.

I further understand that the information that is contained in the application package that I am submitting will be investigated and if any falsehood is found, I shall be prosecuted under Section 53a-157 of the Connecticut General Statutes.

I also give authorization for the release of any financial information for credit checks.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

Permit Fee: \$ 350.00 (REV. 5/2016)

Surety Bond: \$10,000.00

Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_