



SECOND-HAND GOODS STORE LICENSE APPLICATION FORM

DATE: _____

NEW LICENSE _____

RENEWAL LICENSE _____

Application made as:

- Sole Proprietorship
- Partnership
- Corporation

Requirements:

1. Release of Information Form (pg3)
2. Photo ID
3. \$1,000 Bond

Total Number of Staff:

Male: _____ Female: _____

BUSINESS INFORMATION

Registered Name of Business: _____

Operating Name of Business: _____

Address of Business: _____

Business Phone Number: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ Postal Code: _____

TRANSACTIONS PER MONTH

How many transactions (buys, pawns, and trades) come into the store on a monthly basis?

___ 1-100 ___ 101-250 ___ 251-500 ___ 501 and over

Please check all types of second-hand goods carried by the store:

- Bicycles
- Clothing
- Collector Cards
- Coins
- Compact Discs
- Computers
- Computer Accessories
- Computer Games & Software
- Computer Hardware
- Electronic Equipment

- Furniture
- House wares
- Jewelry, Coins, Medals &/or precious metals for purposes of smelting
- Leather Jackets
- Musical Instruments
- Photographic Equipment
- Pre-Recorded Audio Tapes &/or Discs
- Radios

- Sports Equipment
- Stereos
- Telephones
- Televisions
- Tools
- Video Games
- Video Game Terminals
- Watches



SECOND-HAND GOODS STORE LICENSE APPLICATION FORM

Description of Main Use or Activity: _____

List other uses or activities: _____

Has there been any construction, alteration or renovation in the premises since the previous license issuance: ___NO ___YES

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

1. Will the use include retail sales? _____ % of floor area devoted to retail sales _____
If you answered yes to the above, will all the commodities you retail be products of the main use or activity? _____
2. Will the use include wholesale sales? _____
3. Will the use include the repair and servicing of equipment/appliances? _____
4. Will the use include the repair or servicing of motor vehicles? _____
5. Will there be any outdoor storage of vehicles, goods or materials? _____
6. Will there be any outdoor display of vehicles, goods or materials? _____
7. Is there an outside patio associated with an eating establishment? _____
8. Will any food be sold to the public for immediate consumption on the property? _____
9. Are any of the following activities being proposed at this location? _____
 - o Woodworking
 - o Spray painting
 - o Welding
 - o Commercial Cooking
 - o Use of compressed flammable gases

IDENTIFICATION OF HAZARDOUS/DANGEROUS MATERIALS

Please identify by Trade Name and substance, all hazardous/dangerous materials that are used/kept on the premises. (If additional room is required please attach a separate list.)

- o Check here if **none** use/kept on premises.

<u>Trade Name</u>	<u>Substance</u>
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____

DECLARATION

I _____ of the _____ of _____
(Print name in full) (City, Borough, Town, Etc) (State)
 in the _____ of _____
(Regional Municipality, County)

SOLEMNLY DECLARE that I am the occupant, or in the case of a Corporation, an Officer of the occupant Corporation named on this document and that the statements herein contained in this Declaration are true and made with full knowledge of all relevant matters and of the circumstances connected with the same. Dated this _____ day of _____ 20____

(Signature)

(Position with Company)



SECOND-HAND GOODS STORE LICENSE APPLICATION FORM

RELEASE OF INFORMATION

I, _____ of
(Printed full Legal Name – first, middle, last)
_____, born _____
(Street, City, State and Zip) (Date of Birth)

am seeking permission to acquire a _____ License from the City of Ely. I hereby authorize THE ELY POLICE DEPARTMENT AND THE CITY OF ELY, to inspect and gather information retained by any agency or institution as necessary, to determine if I would be prohibited from obtaining such a license.

Have you been convicted within the past five (5) years of a felony, gross misdemeanor, or misdemeanor for violation of any state or federal statute local Ordinance, other than traffic offenses?
_____ Yes _____ No

If Yes, provide the following information:

Date of Conviction: _____ Offense: _____

Location: _____
(City, County, State)

Law Enforcement Jurisdiction: _____
(Name of City/County/Federal Arresting Authority)

COPY OF PICTURE ID ATTACHED: _____

PHONE NUMBER: _____

Date: _____

(Applicant Signature)

Witness Signature: (Notary Public or Peace Officer)

(Commission Expiration Date)

(Title and/or Police Department)

NOTARY SEAL:

CITY OF ELY
POLICE DEPARTMENT
CHAD HOUE
POLICE CHIEF
218-226-5477