



DEALER'S LICENSE APPLICATION

Pursuant to Erie County Local Law 1-2016

CHECK ONE: NEW: _____ RENEWAL: _____

Indicate with an "X" Pawnbroker
 Secondhand Dealer
 Jewelry and Coin Exchange
 Scrap

LICENSE FEES ARE NOT PRO-RATED AND ARE NON-REFUNDABLE AND NON-TRANSFERABLE

WARNING: The Erie County Sheriff's Office may deny a license to any person who makes a material misrepresentation on this application.

1

Business Information:

_____ Tax ID #: _____

Name of Business

() _____ E-mail Address: _____

Business Phone

Describe the nature of the business activities (ex: items bought and sold).

Business Address	City	State	Zip
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Hours of Operation: _____

List all e-commerce websites and accounts associated with the business:

2

Business Owner: (Valid Government-Issued Photo ID Required, ie: Driver's License)

Full Name of Business Owner (include maiden name, if applicable)

Date of Birth: _____ E-Mail Address: _____

Residence Phone: (____) _____ Cell Phone: (____) _____

Residence (No PO Box) City State Zip

Are you the sole owner of this business?

Yes _____ No _____ (Initial) **If "No", Complete Box #4**

3

Daily Business Operator: (If owner is not directly involved with the day-to-day operations of the business or if owner is a partnership, corporation or other business entity) (Valid Government-Issued Photo ID Required, ie: Driver's License)

Full Name of Daily Business Owner (include maiden name, if applicable)

Date of Birth: _____ E-mail Address: _____

Residence Phone: (____) _____ Cell Phone: (____) _____

Residence (No PO Box) City State Zip

4

NOTE: If the owner or operator is a partnership, corporation, DBA or other business entity, set forth the following information for all of the principals of the business (attach additional sheets, if necessary):

Name of Business Entity: _____

<u>Full Name</u>	<u>Title</u>	<u>DOB</u>	<u>Home Address</u>	<u>Phone #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5

Property Owner:

Full Name of Property Owner: _____

Date of Birth: _____

Residence Phone: (____) _____ Cell Phone: (____) _____

Residence (No PO Box) _____ City _____ State _____ Zip _____

6

Identity of Employees: (Attach additional sheets, if necessary.)

<u>Name</u>	<u>DOB</u>	<u>Date of Employment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7

Has the applicant or any officer or operator had any previous involvement with any other pawn shop, secondhand store, or jewelry and coin exchange?

Yes _____ No _____

If yes, please provide the following information for each one (use additional pages, as needed):

Name of Owner or Operator: _____

Name of Business: _____

Location: _____

Dates Involved: _____

8

In the past two years, has the business, business owner or manager had a pawnshop, secondhand dealer or jewelry and coin exchange dealer's license or permit suspended or revoked?

Yes _____ No _____

If yes, please provide the following information for each one (use additional pages, as needed):

Name of Owner or Operator: _____

Name of Business: _____

Location: _____

Brief Explanation/Reason: _____

ACKNOWLEDGMENTS

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I understand and acknowledge that completion and submission of the application does not constitute a valid license/permit and that operation of my business is not permitted until my application has been approved and the license is issued by the Sheriff of Erie County.

_____ (Initials)

10

I understand and acknowledge that licenses are not transferrable and that, prior to changing the name, type, location or ownership and/or management of the business, the applicant and/or operator shall notify the Pawn Shop Unit of the Erie County Sheriff's Office.

_____ (Initials)

11

I understand and acknowledge that licenses issued by the Erie County Sheriff are **annual licenses**. Pawnbroker, Secondhand Dealer and Jewelry and Coin Exchange licenses expire automatically on **December 31st** of each year. I understand that I must apply for a renewal license prior to January 1st of the following year.

_____ (Initials)

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I understand and acknowledge that I am responsible for knowing, obeying, and ensuring that my employees know and obey, applicable laws and rules as contained in the Local Laws of the County of Erie, including Local Law 1-2016, as well as any applicable village, town, state and Federal laws.

_____ (Initials)

NOTICE

Pursuant to Penal Code §210.45 it is a crime punishable as a Class A Misdemeanor under the laws of the State of New York for a person, in and by written instrument, to knowingly make a false statement or to make a statement which such person does not believe to be true.

I acknowledge that all of the information contained in this application is correct, to the best of my knowledge, and I understand that making false statements on this application may result in the denial or revocation of the license issued by the Sheriff of Erie County.

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20_____

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

STATE OF NEW YORK)
SS:
COUNTY OF ERIE)

On this _____ day of _____, 20_____, before me
personally came _____,

to me known and known to me to be the person described in and who executive the foregoing
instrument and he/she acknowledged to me that he/she executed the same.

Notary Public

Date of Expiration

**YOUR SIGNATURE MUST BE NOTARIZED OR THE APPLICATION WILL
BERETURNED TO YOU**

OFFICE USE ONLY

TOWN/VILLAGE OF: _____

BUSINESS NAME: _____

ADDRESS: _____

OWNER: _____

PHONE #: (____) _____ (Business) (____) _____ (Cell)

E-Mail: _____

Criminal Background Check: _____

Applicant Contact: In Person: _____ Via Telephone: _____ Via E-Mail: _____

Inspection of Premises: Yes: _____ No: _____ Cameras/Video: Yes: _____ No: _____

Approved: _____ Denied: _____ Conditionally Approved: _____

LICENSE #: _____