



CROMWELL POLICE



Frederick Sifodaskalakis

Chief of Police

APPLICATION FOR LICENSE FOR SECONDHAND DEALER IN ACCORDANCE WITH CONNECTICUT GENERAL STATUTES. ALL BOXES MUST BE FILLED IN, IF NONE WRITE "NONE."

PRINT LEGIBLY

DATE OF APPLICATION _____ DATE FINGERPRINTED _____

NAME OF BUSINESS _____ ADDRESS _____

NAME _____
LAST FIRST INITIAL

ADDRESS _____
STREET CITY OR TOWN STATE

TELEPHONE NO. (home) _____ (business) _____

AGE _____ DATE OF BIRTH _____ SEX _____

LIST LOCATIONS OF STORAGE WAREHOUSES OR SATELLITE STORES IF ANY

DATES YOU WOULD LIKE TO CONDUCT BUSINESS _____

PLACE YOU WILL BE CONDUCTING BUSINESS _____

ARREST RECORD (*other than motor vehicle offenses*) (*additional information on rear of page*)

CHARGE	DISPOSITION	DATE	PLACE

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List All Employees: (Must be updated as employees leave and are hired)

NAME	ADDRESS	Date of Birth	Criminal Record

Name All Principals in the Business and their titles:

NAME	ADDRESS	Date of Birth	TITLE

The information submitted by me in this application is the truth. I agree that if I have falsified any item in this application, I will not be entitled to the license sought. I also fully understand that if I knowingly make a statement that is untrue and which is intended to mislead a law enforcement officer in the performance of his official function, I will be in violation of Section 53a-157 of the Connecticut General Statutes; False Statement.

Date _____ Signature _____

Sworn and subscribed to before me this ____ day of _____, 20__, in accordance with the Connecticut General Statutes.

Notary Public _____

5 WEST STREET, CROMWELL, CT 06416

Tel: 860-635-2256 | www.CromwellPD.com | Fax: 860-632-8248