

CITY OF AUGUSTA

APPLICATION FOR PAWNBROKER/SECONDHAND DEALER LICENSE

In accordance with Maine statutes, Title 30-A M.R.S.A. Section 3961 and Section 3972 the undersigned hereby applies for a License to conduct pawn and secondhand transactions.

Return to the Municipal Offices at 16 Cony Street, Augusta with the proper fee of \$100.00.

Please print clearly or type

1. Name of Applicant: \_\_\_\_\_

2. Date and Place of Birth: \_\_\_\_\_  
Date of Birth Place of Birth

3. Check if have you ever been convicted of a crime?  \_\_\_\_\_

If yes, list offense(s), place(s) of conviction, and penalty for each conviction: \_\_\_\_\_

4. Company Name: \_\_\_\_\_

5. Company Address: \_\_\_\_\_

City/Town State Zip Code

5. Telephone: \_\_\_\_\_  
Day Evening/Weekend

6. Location of Records: \_\_\_\_\_

7. Business Structure : \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

Proprietors, Partners, or Directors:

Name Address Telephone Title

Name Address Telephone Title

Name Address Telephone Title

**NOTE:** By signing this application, I hereby affirm that I have truthfully answered all questions contained herein, in full recognition of the fact that a false statement will be grounds for revocation of the permit and will subject me to such other penalties as are provided by law.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only: Received in Clerk's Office by: \_\_\_\_\_ Date: \_\_\_\_\_  
Licensing Board: Police: \_\_\_\_\_ CEO: \_\_\_\_\_ Date: \_\_\_\_\_ Approved / Denied  
Fee Paid: \_\_\_\_\_ Cash / CC / Check # \_\_\_\_\_ License Number: # \_\_\_\_\_ Expires: \_\_\_\_\_

CITY OF AUGUSTA, MAINE

16 Cony Street  
Augusta, ME 04330

In accordance with Order #273 passed by the Augusta City Council on November 18, 1963, all applicants upon applying for any Municipal business or professional permit or license requiring the approval of the Municipal Officers must indicate in writing whether he/she owes the City any past due taxes or other financial obligations. Such information shall be verified by the City Treasurer who shall state what arrangements for payment have been made thereto. Such information to be made available to the City Council at the time such application is considered.

Date: \_\_\_\_\_ Type of License Requested: \_\_\_\_\_

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

	Real Estate Taxes	Personal Tax
Present Year (past due)	_____	_____
Prior Years Total (list years) _____ _____	_____	_____
Accounts Receivables Date: _____	_____	_____
Other	_____	_____
<b>TOTAL:</b>	=====	=====

\_\_\_\_\_  
Signature of Applicant Print Name

This is to certify that the above statement is correct. Arrangements have been made with the City Treasurer as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Check here if no outstanding taxes or accounts with the City:** \_\_\_\_\_

Verified: \_\_\_\_\_ Date: \_\_\_\_\_  
City Treasurer/Tax Collector Staff (Deputy and Assistants)