

PURCHASE OF PRECIOUS METALS AND STONES (Application for Licensure)

TO: Chief of Police
Town of Waterford, CT

To assure the uniform administration of Connecticut General Statutes, as they relate to Dealing/Purchase of precious metals; i.e. gold, silver, platinum, etcetera, which became effective on October 1, 2011, the Town of Waterford requires the following mandatory matters of compliance which I agree to:

1. Application is hereby made under the provisions of Connecticut General Statutes, for a permit to conduct business as a precious metals and stones dealer in the Town of Waterford, CT.
2. The applicant understands and agrees to follow all provisions for conduction said business within licensure requirements as set forth by the State of Connecticut and licensing requirements as set forth by the State of Connecticut and the licensing authority, current and future.
3. The applicant understands and agrees that this permit may be revoked for cause which shall include, but not be limited to, failure to comply with any requirements for licensure specified by the local licensing authority, or the State of Connecticut
4. The applicant, at the time of submission of this application, shall provide a completed and executed request for State of Connecticut Criminal Records check (form DPS-0846-C), providing an original return/result of such inquiry with this application prior to being considered for licensure.
5. The applicant shall notify the licensing authority of *any change* to said record/application on file within 30 days of such change having occurred (contact/business/criminal matters/application information).
6. The applicant has received the requirements sheet from the issuing authority (Waterford Police Department), and further agrees to maintain compliance throughout the period of licensure.

Applicant Name: _____

Date Submitted: _____

Signature: _____

Subscribed and Sworn to before me, a Notary Public, in and for the County of _____ and the State of Connecticut, this _____ day of _____, 20 _____.

Notary Public

My Commission Expires:

Please print all information legibly

APPLICATION

Type of Business: Pawnbroker Precious Metals/Stones Secondhand Dealer

Business Name and Address: _____

Name of Proprietor: _____

Business Telephone Number: _____

Business Email Address: _____

Business Website Address: _____

Other Locations Intended for Use: _____

Internet Website(s) used: _____

APPLICANT

Full Name (include Maiden Name if applicable): _____

Date of Birth: _____

Birthplace (City/State): _____

Place(s) of Employment for last five years: _____

Criminal Convictions: Yes / No

Date/Place of Conviction:

Do not write on or below this line. **Licensing authority use only.**

Date & Initials: _____

Submission Date: _____

Compliance Requirements Met: Y / N

Approval/Denial of Application: _____
Signature of Licensing Authority

LICENSE EXPIRES (Business NOT authorized under this license on or after): _____

Please print all information legibly

SUPPLEMENTAL APPLICATION

Full Name (include Maiden Name if applicable): _____

Date of Birth: _____

Birthplace (City/State): _____

Title/Position Held: _____

Place(s) of Employment for last five years:

Criminal Convictions: Yes / No

Date/Place of Conviction:

Please print all information legibly