



Application must be completed along with a State of NH Criminal Background Check

CITY OF LACONIA
APPLICATION FOR PAWNBROKERS LICENSE

(PLEASE PRINT OR TYPE)

Applicant's Name: _____ Home Telephone # _____

Applicant's Home Address: _____
Number Street City State Zip

Applicant's Date of Birth: _____

Business Name: _____

Business Address: _____
Number Street City State Zip

Business Phone # _____

Description or Nature of Business _____

Have you ever been convicted of a crime, which has not been annulled? Yes: _____ No: _____

If the answer is yes, give charge, date, place of arrest and disposition. _____

The information on the completed application form is true, correct and complete. I submit same and invite your reliance upon my statements for the purpose of obtaining a Pawnbrokers License. By my signature below, I acknowledge notification that any false statement made on this application will be considered an "Unsworn Falsification," as defined by Revised Statutes Annotated 641:3 and am informed I may be prosecuted. I have been provided with a copy of RSA 641:3. I have been given a copy of and understand my responsibilities under City Code Chapter 173.

Signature

Date

(FOR CITY USE ONLY)

Application Fee: _____ Received on (date): _____ by: _____
Licensing Board Approval on: _____ License Expires on: _____
Special Conditions of Approval: _____
