



**INCORPORATED VILLAGE OF FREEPORT  
46 NORTH OCEAN AVENUE  
FREEPORT, NEW YORK 11520**

**APPLICATION FOR LICENSE:**

Please check all that apply

**NEW APPLICATION**

**RENEWAL APPLICATION**

**SECOND HAND DEALER LICENSE (\$375.00)**

**Individual**  **Partnership or Corporation**

**PAWNBROKER'S LICENSE (\$250.00)**

**\*RETURN TO VILLAGE CLERKS OFFICE\***

<b>APPROVED</b>	
<b>Village of Freeport, Nassau Co., N.Y.</b>	
	DATE
Building Dept. _____	_____
Police Dept. _____	_____
Clerk's Office _____	_____
Mayor _____	_____

<b>VILLAGE OF FREEPORT</b>	
<b>Freeport, New York</b>	
<i>(leave following spaces blank- for office use only)</i>	
Date _____	_____
Number _____	_____
Business _____	_____
_____	_____
Code Section _____	Chapter 138 _____
and Second Hand Dealer: Chapter 173	
Pawnbroker: Chapter 151	
Fee Paid \$ _____	_____
License No. _____	_____
Issued _____	20 _____

**FILING INSTRUCTIONS TO OBTAIN SECOND HAND DEALER AND/OR PAWNBROKER'S LICENSE**

- 1. Each Officer must be fingerprinted.**
- 2. Submit two photographs**
- 3. Submit a Surety Bond in the amount of \$5,000.00**
- 4. Payment of license fee in the applicable amount as shown above.**
- 5. Completed and notarized application**

**To: The Village Clerk, Village of Freeport, 46 North Ocean Avenue, Freeport, NY 11520**  
**I (We) hereby apply for a license to engage in the business of Second Hand Dealer/ Pawnbroker**  
**PLEASE PRINT OR TYPE**

1. Name of Applicant: \_\_\_\_\_
2. Name of Business: \_\_\_\_\_
3. Business Address: \_\_\_\_\_
4. Business Phone Number: \_\_\_\_\_
5. Residence Address: \_\_\_\_\_
6. Residence Phone Number: \_\_\_\_\_
7. Cell Phone Number: \_\_\_\_\_
8. Date of Birth: \_\_\_\_\_
9. Place of Birth: \_\_\_\_\_
10. Are you a Citizen: \_\_\_\_\_
11. If not, have you applied: \_\_\_\_\_
12. Number of Naturalization Certificate, If any: \_\_\_\_\_
13. Date on Naturalization Certificate, If any: \_\_\_\_\_
14. Do you have any objection to a routine finger-print check? \_\_\_\_\_
15. Have you ever been convicted of any criminal offense? \_\_\_\_\_
16. If yes, when? \_\_\_\_\_
17. Charges? \_\_\_\_\_
18. Disposition of Charges? \_\_\_\_\_
19. Have you read the Rules and Regulations of Freeport governing the conduct of your business? \_\_\_\_\_
20. Do you agree to comply with the provisions of Chapter 138, Article 1 of the Ordinances entitled "Licensing of Business" and any other applicable ordinances? \_\_\_\_\_

Signed: \_\_\_\_\_

Corporate Title: \_\_\_\_\_

I hereby declare under oath that I fully understand and have answered all of the above questions truthfully.

Signed: \_\_\_\_\_ (Applicant)

State of New York)

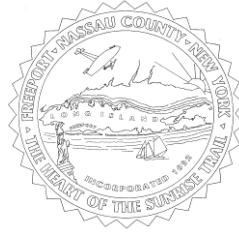
: SS

County of Nassau)

Sworn to before me this \_\_\_\_\_ day

Of \_\_\_\_\_ 201\_\_.

\_\_\_\_\_  
Notary



**INC. VILLAGE OF FREEPORT  
46 NORTH OCEAN AVENUE  
FREEPORT, NEW YORK 11520  
(516) 377-2300  
FAX (516) 771-4127**

**APPLICATION FOR SECOND HAND DEALERS/PAWNBROKER LICENSE  
(INDIVIDUAL)**

PLEASE TYPE OR PRINT CLEARLY

1. Name in Full		Business Name		Business Phone	
2. Legal Address		Business Address			
3. How long have you resided at the above address?		4. Are You A Citizen?		5. Check one:	
Years	Months	Yes <input type="checkbox"/>		Native Born <input type="checkbox"/>	
		No <input type="checkbox"/>		Naturalized <input type="checkbox"/>	
				6. If naturalized:	
				When:	
				Where:	
Height		Weight		Date of Birth	
Color of Eyes			Color of Hair		
7. Were You Ever Arrested For Or Convicted Of Any Crime Or Offense Other Than Traffic Infractions <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:					
What crime or offense? When?					
Where?			Penalty Assessed?		

Sworn to before me this

I SOLEMNLY SWEAR TO THE TRUTH OF THE ABOVE STATEMENTS.

\_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Notary Public, Nassau County, N.Y.

\_\_\_\_\_  
(Signature)

ORIGINAL TO OFFICE OF THE VILLAGE CLERK

APPLICANT: The following two vouchers must be completed by two residents of Nassau County who have known you for a period of at least one year and are not related to the applicant.

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Is the applicant related to you? If so, give particulars \_\_\_\_\_

Has the applicant ever been in your employ? \_\_\_\_\_

Would you employ him (her) now if the opportunity were offered? \_\_\_\_\_

I, \_\_\_\_\_, do hereby certify that I have known \_\_\_\_\_  
the applicant herein named for a period of one year or more, that I have observed his (her) conduct during the period so  
stated and found him (her) to be honest, sober and of good character, civil in manner and behavior, that I know nothing to his  
prejudice and recommend him as a fit person to be licensed.

SIGNATURE: \_\_\_\_\_ BUSINESS \_\_\_\_\_

RESIDENCE: \_\_\_\_\_ BUSINESS ADDRESS: \_\_\_\_\_

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Is the applicant related to you? If so, give particulars \_\_\_\_\_

Has the applicant ever been in your employ? \_\_\_\_\_

Would you employ him (her) now if the opportunity were offered? \_\_\_\_\_

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the applicant herein named for a period of one year or more, that I have observed his (her) conduct during the period so  
stated and found him (her) to be honest, sober and of good character, civil in manner and behavior, that I know nothing to his  
prejudice and recommend him as a fit person to be licensed.

SIGNATURE: \_\_\_\_\_ BUSINESS \_\_\_\_\_

RESIDENCE: \_\_\_\_\_ BUSINESS ADDRESS: \_\_\_\_\_

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**APPLICATION FOR SECOND HAND DEALERS LICENSE  
(PARTNERSHIP OR CORPORATION)**

PLEASE TYPE OR PRINT CLEARLY

Check Box Type of License Requested			
<input type="checkbox"/> General License (\$375)	<input type="checkbox"/> Management (\$375)	<input type="checkbox"/> Exposition (\$122)	
Name of Applicant		Phone No.	
Address		N.Y.	
Exact Location of Business		Business Phone No.	
<b>Corporation, Co-Partnership or Individual Using a Trade Name</b>			
If A Corporation, Co -Partnership Or Individual Using A trade Name, Fill in Blank Spaces Below			
Corporation, Or Trade Name		Phone No.	
Main Office			
Incorporated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	State
Name of Partner or President		Address	
Name of Partner or Vice-President		Address	
Name of Partner or Secretary		Address	
Name of Partner or Treasurer		Address	
Does any person other than persons listed above, have any interest in this business?      Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, attach statement explaining their connection with this business?			
<b>CORPORATIONS</b>	<p><b>A Corporation</b> must furnish a photostatic copy of the filing receipt for the certificate of Incorporated from the New York State Secretary of State. A corporation from outside New York State must furnish a photostatic copy of its application for authority to do business in New York State from New York State Secretary of State. Some applications require proof of the election of the corporation officers, and in such cases, there must be filed a copy of the minutes of the corporate meeting electing directors and officers.</p> <p>All officers must be finger printed and also any stockholder of ten percent or more of the stock.</p>		

<b>INDIVIDUAL APPLICANT</b>	<b>Individual</b> operating under a trade name must present a certified copy of the trade name certificate filed in the County Clerk's Office.
<b>PARTNERSHIP</b>	A <b>partnership</b> conducting business whether or not under a trade name, must submit a certified copy of the partnership certificate filed in the County Clerk's office.
<b>SURETY BOND</b>	Surety Bond in the amount of \$5,000.00

If the applicant is a corporation, state its principal place of business and the name and address of a person residing within the Town of Hempstead on whom papers may be served:

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The Applicant hereby states that no persons have provided any funds for the organization or operation of this business except as stated in this application and if any such funds are hereafter obtained the Town of Hempstead is to be notified immediately; and in the event of a change of officers, directors or stockholders, the Town of Hempstead be informed forthwith or license may be revoked.

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**THIS AFFIDAVIT MUST BE COMPLETED**

STATE OF NEW YORK  
} ss:  
COUNTY OF NASSAU

being duly sworn deposes and says : that he (she) is the applicant above named; that he (she) has read the foregoing application for a license, and knows the contents thereof and that the same is true to his (her) own knowledge, except as to the matters therein stated to be alleged upon information and belief and that as to those matters he (she) believes to be true.

\_\_\_\_\_  
(Signature)

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Notary Public, Nassau County, N.Y.