



Town of Portland, Connecticut ❖ www.portlandct.org

APPLICATION FOR:

Licensing Purchasers of Precious Metals and Stones

C.G.S. Chapter 414 Sec 21-100

No business is to be conducted in the Town of Portland until this application has been approved.

FEE: \$10.00

PRINT CLEARLY or TYPE

BUSINESS INFORMATION

Company Name: _____ Phone# _____

Address of Proposed Business: _____

CONNECTICUT TAX NUMBER: _____

Copy of Sales Contract Submitted: Yes No

Describe Nature of Business: _____

Type of Goods to be sold at establishment: _____

PERSONAL INFORMATION

DATE: _____

NAME: _____ PHONE NO.: _____

LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP

Place of Birth: _____ Date of Birth: _____

Sex: _____ Race: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____ Social Security No.: _____

1) Have you ever been convicted for committing any crime other than motor vehicle charges? Yes No

2) Have you ever been refused a permit for this type of business? Yes No

(If you answer "Yes" to either of the above questions, please explain in detail on the reverse side of this form)

The undersigned hereby attests that all information supplied with this application is true and accurate. By signing this form I give the Town of Portland permission to fingerprint me and conduct a record check based on the above information. By signing this form, I also give the Town of Portland permission to take my photograph upon being notified of the granting of this application and understand that I must display the license or permit prominently in my place of business.

I further acknowledge that I have thoroughly reviewed the Town Ordinances and State Statutes which apply to the proposed activity, agree to comply with rules and regulations contained therein, and acknowledge that failure to so comply will result in revocation of any license or permit issued hereunder.

APPLICANT SIGNATURE: _____

Documented by Portland Police		Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	First Selectman	Date:

(Continue on reverse side to answer questions 1 and 2; and to list additional owners)

Question #1: _____

Question #2: _____

Please complete the following information...WRITE CLEARLY

ADDITIONAL OWNERS:

Name:		Address:	
Place of Birth:		Date of Birth:	
Sex:	Race:	Height:	Weight:
Hair Color:	Eye Color:	Social Security No.	

1) Have you ever been convicted for committing any crime other than motor vehicle charges? Yes No

2) Have you ever been refused a permit for this type of business? Yes No

Name:		Address:	
Place of Birth:		Date of Birth:	
Sex:	Race:	Height:	Weight:
Hair Color:	Eye Color:	Social Security No.	

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