



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/purchased: Precious Metals Stones Coins Other _____

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 separate piece of paper and attach it to this form. Continue on reverse side to list additional owners/applicants.

By signing this form, I give the Town of Portland permission to take my photograph upon issuance of this license 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. I further understand that any statements in this application that are determined to be false or inaccurate shall constitute grounds for the permit not to be issued, or if issued before facts are known, shall be cause for revocation. My signature below attests to the accuracy, completeness and to the truth of all information supplied on this application.

I declare, under the penalties of False Statement, that the answers to the above are true and correct.

Applicant's Signature: _____ Date: _____

Subscribed to and sworn to, before me this _____ day of _____, 20 _____

Notary Public: _____, My commission expires: _____

Please complete the following information...WRITE CLEARLY

ADDITIONAL OWNERS/APPLICANTS:

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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DO NOT WRITE BELOW - FOR OFFICE USE ONLY!

PROOF OF ZONING APPROVAL:		<input type="checkbox"/> Not applicable
DATE:	ZEO check here if location is exempt <input type="checkbox"/>	<i>Signature of Zoning Enforcement Officer indicates compliance</i>

POLICE DEPARTMENT APPROVAL:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Police Officer	Date:

APPLICATION STATUS:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	First Selectman/Chief of Police	Date: