

TOWN OF DERRY

APPLICATION FOR SECOND-HAND DEALERS LICENSE

APPLICATION INSTRUCTIONS: Read the following carefully before you sign below. A false statement on any part of this application will be just cause for refusal of this application and may be punishable under RSA 641:3. A \$250.00 application fee must accompany this application. Make checks payable to the Town of Derry.

Application Date _____ Type of Application New Renewal

Name _____ DOB _____

Address _____ Tel # _____

City/Town _____ State/Zip _____

Name of Business _____ Tel # _____

Address _____

Addresses for the past ten (10) years. Begin with present and include dates at each address.

(A) _____

(B) _____

(C) _____

(D) _____

Have you ever been convicted of a crime which has not been annulled by the court having jurisdiction?

Yes No

Have you ever had a second-hand dealer's license denied in this state or any other state?

Yes No

If the answer to either of the above questions is yes, please explain below.

I have received a copy of the Town of Derry Second-Hand Dealer Ordinance and fully understand the provisions contained therein. I understand that any information I give may be investigated as provided for by Town Ordinance. I certify that, to the best of knowledge and belief, all my statements are true, correct, complete and made in good faith.

Signature of Applicant

Date

Recommend Approval
Yes _____ No _____

Recommend Approval
Yes _____ No _____

Chief of Police

Town Administrator