



DEPARTMENT OF POLICE SERVICES
2900 DIXWELL AVENUE
HAMDEN, CONNECTICUT 06518

P H O T O

LICENSE NUMBER: _____ (ISSUED BY POLICE DEPARTMENT)

DATE ISSUED: _____ EXPIRATION DATE: _____

APPLICATION FOR: PRECIOUS METALS DEALER
INSTRUCTIONS FOR APPLICANT (PRINT OR TYPE)

- ANSWER ALL QUESTIONS. If additional space is required use a plain white 8½” x 11” paper.
- Applicant must submit (2) two current passport size photographs. (2”x2” photos) **NO CROPPING** of regular size photographs.
- Applicants must be fingerprinted by the Hamden Police for:
 - ☞ Hamden Police Applicant Card \$10 fee (Cash or Check) Made Payable to “Town of Hamden”
 - ☞ State of CT/F.B.I. Applicant Cards, two (2) (Bank check or Money Order) \$50/\$19.95 fees Both made Payable to “Commissioner of Public Safety”.
- Applicant must present a current State of Connecticut Sales Tax Certificate.
- Applicant must show positive proof of Identification by including copy of operator license or state ID
- Application must be completed, signed and notarized.
- The fee for a Precious Metal license is \$10.00 per year.

FINGERPRINTING SCHEDULE

TUESDAY, WEDNESDAY, THURSDAY 8:00AM to 10:00 and 4:00pm to 6:00 pm

APPLICANT’S NAME: _____ DATE: _____
LAST FIRST M.I. OF APPLICATION

HOME ADDRESS: _____
NUMBER STREET CITY/TOWN STATE ZIP CODE

HOME PHONE: () _____ - _____ BUSINESS PHONE: () _____ - _____

LIST ANY OTHER PLACES OF RESIDENCE DURING THE PAST (5) YEARS

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____
NUMBER STREET CITY/TOWN STATE ZIP CODE

HOW LONG HAS BUSINESS BEEN IN EXISTENCE: _____



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P H O T O

LICENSE NUMBER: _____ (ISSUED BY POLICE DEPARTMENT)

DATE ISSUED: _____ EXPIRATION DATE: _____

APPLICATION FOR: PAWNBROKERS LICENSE

INSTRUCTIONS FOR APPLICANT (PRINT OR TYPE)

- ANSWER ALL QUESTIONS. If additional space is required use a plain white 8½” x 11” paper.
- Applicant must submit (1) two current passport size photographs. (2”x2” photos) **NO CROPPING** of regular size photographs.
- Applicants must be fingerprinted by the Hamden Police for:
 - ☞ Hamden Police Applicant Card \$10 fee (Cash or Check) Made Payable to “Town of Hamden”
 - ☞ State of CT/F.B.I. Applicant Cards, two (2) (Bank check or Money Order) \$50/\$19.95 fees Both made Payable to “DPS”
- Applicant must present a current State of Connecticut Sales Tax Certificate.
- Applicant must show positive proof of Identification by including copy of operator license or state ID
- Application must be completed, signed and notarized.
- The fee for a pawnbrokers license is \$50.00 per year/renewal is \$25.00 per year.
- Applicant shall file a bond with the town clerk, in the amount of \$2,000.00

FINGERPRINTING SCHEDULE

TUESDAY, WEDNESDAY, THURSDAY 8:00AM to 10:00 and 4:00pm to 6:00 pm

APPLICANT’S NAME: _____ DATE: _____
LAST FIRST M.I. OF APPLICATION

HOME ADDRESS: _____
NUMBER STREET CITY/TOWN STATE ZIP CODE

HOME PHONE: () _____ - _____ BUSINESS PHONE: () _____ - _____

LIST ANY OTHER PLACES OF RESIDENCE DURING THE PAST (5) YEARS

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____
NUMBER STREET CITY/TOWN STATE ZIP CODE

HOW LONG HAS BUSINESS BEEN IN EXISTENCE: _____

STATE OF CONNECTICUT SALES TAX NUMBER _____

HAS YOUR BUSINESS BEEN CONDUCTED IN ANY OTHER NAME DURING THE PAST (7) SEVEN YEARS? YES NO

IF YES, WHAT WAS THE NAME OF THE BUSINESS? _____

ADDRESS: _____
NUMBER STREET CITY/TOWN STATE ZIP CODE

APPLICANT'S PERSONAL INFORMATION

HAVE YOU USED ANY OTHER NAME(S) IN THE PAST? YES NO

IF YES, WHAT NAME(S)? _____

DATE OF BIRTH: ___/___/___ PLACE OF BIRTH: _____
MM DD YYYY

HEIGHT: ___'___" WEIGHT: _____LB HAIR COLOR: _____ EYE COLOR: _____

SCARS, MARKS, TATTOO'S YES NO IN YES, _____
LOCATION & DESCRIPTION

LOCATION & DESCRIPTION

SOCIAL SECURITY NUMBER: _____ - _____ - _____ STATE: _____
DRIVER LICENSE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED FOR ANY CRIMINAL OR MOTOR VEHICLE OFFENSE? YES NO

IF THE ANSWER TO THE PREVIOUS QUESTIONS IS YES, THEN LIST ALL SUCH ARREST AND THE DISPOSITIONS BELOW: (USE A SEPARATE SHEET OF PAPER IF NEEDED)

LIST ANY OTHER TOWNS/CITIES WHERE YOU HAVE A VALID PERMIT TO CONDUCT SIMILAR BUSINESS:

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CONNECTICUT STATE STATUE 53a-157 FALSE STATEMENT:CLASS A MISDEMEANOR

A PERSON IS GUILTY OF FALSE STATEMENT WHEN HE/SHE INTENTIONALLY MAKES A FALSE WRITTEN STATEMENT UNDER OATH OR PURSUANT TO A FORM BEARING NOTICE. AUTHORIZED BY LAW, TO EFFECT THAT FALSE STATEMENTS MADE THEREIN ARE PUNISHABLE, WHICH HE DOES NOT BELIEVE TO BE TRUE AND WHICH STATEMENT IS INTENDED TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS/HER OFFICIAL FUNCTION. FALSE STATEMENT IS A CLASS A MISDEMEANOR.

THE PENALTY FOR A CLASS A MISDEMEANOR IS IMPRISONMENT FOR A TERM NOT TO EXCEED ONE YEAR, OR A FINE NOT TO EXCEED \$1,000.00 OR BOTH A FINE AND IMPRISONMENT. (SECTIONS 53A-28(b), 53a-36, and 53a-42)

I DECLARE, UNDER THE PENALTIES OF FALSE STATEMENT, THAT THE ANSWERS TO THE QUESTIONS CONTAINED IN THIS APPLICATIONS ARE TRUE AND CORRECT.

APPLICANTS SIGNATURE:_____ DATE:_____

SUBSCRIBED TO AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 2010

NOTARY PUBLIC_____

MY COMMISSION EXPIRES:_____

(FOR POLICE USE ONLY)

TYPE OF IDENTIFICATION_____ PHOTOGRAPHS SUBMITTED_____

FINGERPRINTED BY_____ DATE:_____ SENT TO STATE POLICE_____

FINGERPRINT CHECK RETURNED BY STATE POLICE_____ RESULTS_____

SPRC DONE (DATE)_____ HAMDEN POLICE SPECIAL INVESTIGATION CHECK DONE (DATE)_____

N.C.I.C. CHECK DONE(DATE)_____ OFFICER CONDUCTING INVESTIGATION_____

APPROVED BY_____ FOR THE HAMDEN DEPARTMENT OF POLICE SERVICE
(CHIEF OF POLICE OR DESIGNEE)

APPROVED ON THIS _____ DAY OF _____ 20__

FEE REQUIRED YES NO AMOUNT\$ _____ PAID ON (DATE) _____

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APPLICANTS SIGNATURE:_____ DATE:_____

SUBSCRIBED TO AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 2011

NOTARY PUBLIC _____

MY COMMISSION EXPIRES:_____

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TYPE OF IDENTIFICATION _____ PHOTOGRAPHS SUBMITTED _____

FINGERPRINTED BY _____ DATE: _____ SENT TO STATE POLICE _____

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N.C.I.C. CHECK DONE(DATE) _____ OFFICER CONDUCTING INVESTIGATION _____

APPROVED BY _____ FOR THE HAMDEN DEPARTMENT OF POLICE SERVICE
(CHIEF OF POLICE OR DESIGNEE)

APPROVED ON THIS _____ DAY OF _____ 20__

FEE REQUIRED YES NO AMOUNT\$ _____ PAID ON (DATE) _____