

CITY OF NORTH OLMSTED
DEPARTMENT OF PUBLIC SAFETY
5200 Dover Center Road
North Olmsted, OH 44070
440/777-8000

SECONDHAND DEALERS APPLICATION FOR LICENSE (Per Chapter 755 of the Codified Ordinances)

Non-Transferable
Annual License Fee \$50.00

A. APPLICANT INFORMATION:

Name: _____
Address: _____
Date of Birth _____ Social Security # _____

B. BUSINESS INFORMATION:

Business Name: _____
Primary Owner's Name: _____
Owner's Date of Birth: _____ Social Security # _____
Permanent Business Address: _____
Business Telephone Number & Web Address: _____
Type of Business and Merchandise : _____

C. BUSINESS ACTIVITIES:

Name/Location of Premises Where Business Activities Will Take Place:

Date(s) and Time(s) of Business Operations : _____

CONVICTION STATEMENT

Has the Applicant and/or the Owner of the Business been convicted of a felony or for the sale or conviction of a drug offense in the last ten (10) years prior to the date of application? Yes _____ No _____

If yes, provide details of what and when _____

The applicant acknowledges that he/she has read and understand the requirements of Chapter 755 of the Codified Ordinances. Yes _____ No _____

Applicant's Name (please print) _____

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY

APPROVED BY: _____ DATE: _____

LICENSE ISSUED ON: _____ EXPIRES ON: _____

DATE SURETY BOND REC'D _____ DATE LICENSE FEE REC'D _____

Letter rec'd from the owner of premises where business will operate: Yes or No