



**City of Central Falls
Pawn Broker- Application**

Applicant Information

Name of Applicant: _____

Sole Proprietor Corporation

Doing Business As: _____
(Name of Business)

Business Address: _____

If business is a corporation, provide officers information:

Name _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Cell phone: _____ Email: _____

Name _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Cell phone: _____ Email: _____

If business is a sole proprietorship, provide owners information:

Name _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Cell phone: _____ Email: _____

Business Information

Type of Application:

New Transfer New Owner; Name of former owner _____

New Location; Former location _____

License (s) _____

Hours of Operation: _____ Days of Operation: _____

Description of Business Activity _____

Pawn Broker \$150.00

Emergency Contact Information
(Applicant required to provide two different contacts)

Name:	Name:
Address:	Address:
Telephone Number:	Telephone Number:

Alarm Company Name:	Telephone Number:
Type of Alarm: <input type="checkbox"/> Fire <input type="checkbox"/> Police <input type="checkbox"/> Both	

Alarm Company Name:	Telephone Number:
Type of Alarm: <input type="checkbox"/> Fire <input type="checkbox"/> Police <input type="checkbox"/> Both	

Finance Department

<input type="checkbox"/> Taxes Current	Signature of Official: _____	Date: _____
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I understand that all State approvals, permits, licenses and insurance coverage (if required) must be filed with the Clerk's office prior to issuance of license.

I acknowledge that I am over the age of 18 years.

General Release & Indemnity Agreement

The above applicant, in consideration of the license granted by the Licensing Authority of the City of Central Falls, hereby remises, releases and forever discharges the City of Central Falls, its respective employees, agents and attorneys from all manner of actions, causes of actions, debts, dues, claims and demands both in law and equity, more especially any and all claims for the above mentioned including but not limited to property damages and personal injuries resulting from the issuance of said license.

The above applicant, by signing below, acknowledges that all information in this application is correct and true.

Signature of Applicant: _____ Date: _____

Received by: _____ Date: _____

License Payment

Application fee: (New Only) Date Paid _____ Cash/Check # _____ Clerk Initials _____

License fee: Date Paid _____ Cash/Check # _____ Clerk Initials _____

City Council Restrictions/Stipulations

Determination by Council: _____ Clerk Signature _____ Date _____