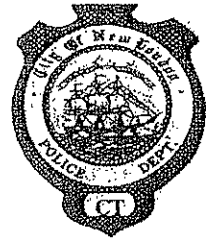


# NEW LONDON POLICE DEPARTMENT PERMIT APPLICATION FOR STATUTORILY MANDATED BUSINESSES



To: The Chief of Police, City of New London, Connecticut

**General Instructions:**

1. Print or type all entries
2. Use black Ink
3. Use plain 8 1/2 x 11 paper for additional space

**Type of application:** (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Precious Metal Dealer | <input type="checkbox"/> Billiard Hall |
| <input type="checkbox"/> Solicitor             | <input type="checkbox"/> Pawn Broker   |
| <input type="checkbox"/> Junk                  | <input type="checkbox"/> Second Hand   |
|  | <input type="checkbox"/> Other: _____  |

**Official Use Only:**

Application received:

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Background Investigation:**

- Fingerprints Taken:  Yes  No  
 FBI FP Check Clear:  Yes  No  
 SPBI FP Check Clear:  Yes  No  
 NCIC Clear:  Yes  No  
 SPRC Clear  Yes  No

**Application Status:**

- Approved  Denied

Authority: \_\_\_\_\_

**Date of approval/denial:**

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Expiration date:**

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Applicant Information

Name:

<input type="text"/>	Suffix
<input type="text"/>	Middle

First  
 List all other names by which you have been known (Maiden name, Aliases, Nicknames, etc.)

Date of birth:

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Sex:

M  F

Height:

ft.  in.

Weight:

lbs.

Race:

Place of Birth:

<input type="text"/>	State
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Country Of Citizenship:

(If other than U.S.A. you must attach a true copy of your birth certificate or passport)

Social Security Number:

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REQUIRED

Alien Reg. Number: (if applicable)

Residential address (Street address only - P.O. Box not acceptable)

Number/Street

<input type="text"/>	State	Zip Code
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City/Town

Previous residential addresses over past seven years. (Any subsequent address changes must be reported within 48 hours)

1. \_\_\_\_\_

2. \_\_\_\_\_

Mailing address (if different from current residential address)

Number/Street

<input type="text"/>	State	Zip Code
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City/Town

Contact Telephone Number:

() -

Motor Vehicle Operators License Number

Issuing State

EMPLOYMENT HISTORY

Current Employer: \_\_\_\_\_ Hire Date \_\_\_\_\_

Supervisor: \_\_\_\_\_ Office telephone number: \_\_\_\_\_

CRIMINAL HISTORY

Have you ever been ARRESTED for any crime, in any jurisdiction, regardless of disposition?  Yes  No If "Yes" list all arrest, indicating charges, locations, dates of arrest and dispositions. If additional space is required attach separate sheet(s) of paper.

Have you ever been CONVICTED in any court of any crime?  Yes  No If "Yes" List all convictions, indicating charges, locations, dates of arrest and dispositions. If additional space is required attach separate sheet(s) of paper.

Are you currently on probation, parole, on work release, in an alcohol /drug treatment program or currently released on personal recognizance, a Written Promise to Appear or a bail bond for a pending court case?  Yes  No If "Yes" explain.

PERMIT HISTORY

Have you previously applied for a similar permit in this or any other city/town?  Yes  No  
If "Yes," Have any of those permits been denied, suspended or revoked?  Yes  No  
If "Yes" explain.

Denying authority: \_\_\_\_\_ When: \_\_\_\_\_

PERSONAL REFERENCES

List three personal references you have known for at least 3 years.

Name	Address	Tel.	Years known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

BUSINESS INFORMATION

Business name: \_\_\_\_\_

Business address (If different from current residential address) \_\_\_\_\_, New London, CT  
Number/Street

Business Telephone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

If franchise/chain, enter headquarters or main business address.

Headquarters address (If different from current business address) \_\_\_\_\_

Number/Street \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_-\_\_\_\_  
City/town State Zip Code

I understand that false statements are punishable in Connecticut by statute. (C.G.S. 53a-157b) I further understand that any statements in this application that are determined to be false or inaccurate shall constitute grounds for the permit or certificate 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.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Subscribed to and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public: \_\_\_\_\_, My commission expires: \_\_\_\_\_