

3

Daily Business Operator: (if other than owner) (Valid Government Issued Photo ID Required)

(Only complete if Daily Business Operator is seeking the license in their name, if not leave blank and list Daily Business Operator as employee in Box #7)

_____ Date of Birth

Full Name of Daily Business Operator

_____ State _____ Zip

Residence (No P.O. Box)

City

_____ Cell Phone (include area code)

Residence Phone (include area code)

_____ E-mail Address

4

NOTE: If the owner or operator is a partnership, corporation, D.B.A. or other business entity, set forth the following information for all of the principals of the business (attach additional sheets if necessary):
(Only complete Box #4 if "No" was checked in Box #2; if "Yes" was checked leave this box blank)

_____ Name of Business Entity

Full Name	Title	Date of Birth	Home Address	Phone Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5

Do you currently, or have you ever, operated any other business in the County of Monroe which was required to obtain a Certificate of Use, Business Permit or State or Local License? (attach additional sheets if necessary)

Yes No **If "YES", please list below:**

_____ Type of Certificate/Permit/License

Name of Business

_____ State _____ Zip

Business Address

City

6

Property Owner:

_____ Date of Birth

Full Name of Property Owner

_____ State _____ Zip

Residence (No P.O. Box)

City

_____ Cell Phone (include area code)

Residence Phone (include area code)

7

Identity of employees (attach additional sheets if necessary)

Name: Last, First, Middle Initial

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8

Has the owner or operator had any previous involvement with any other pawn shop, secondhand dealer store or jewelry and coin exchange?

Yes No

If "YES", please provide the following information for each:
(attach additional sheets if necessary)

Name of Owner or Operator

Name of Business

Dates Involved

Business Address

City

State

Zip

9

In the past two years has the business, business owner or manager had a pawnshop, secondhand dealer or jewelry and coin exchange dealer's license or permit denied, suspended or revoked?

Yes No

If "YES", please provide the following information for each:
(attach additional sheets if necessary)

Name of Owner or Operator

Name of Business

Date of Denial/Suspension or Revocation

Business Address

City

State

Zip

Brief Explanation/Reason for the denial/suspension or revocation:

ACKNOWLEDGMENTS

10

I understand and acknowledge that completion and submission of the application does not constitute a valid license/permit and that operation of my business is not permitted until my application has been approved and the license issued by the Monroe County Sheriff.

_____ (Initial)

11

I understand and acknowledge that the license holder and/or their employees shall operate the business so that it is not a source of disruption or disorder in and around the area where the business is located and shall cooperate with any and all investigations relative to the business.

_____ (Initial)

12

I understand and acknowledge that the applicant and/or operator shall maintain all licenses required for the operation of the business and shall notify the License Compliance Unit of the Monroe County Sheriff's Office in writing of any change in status of said licenses.

_____ (Initial)

13

I understand and acknowledge that licenses are not transferrable and that prior to changing the name, type, location or ownership and/or management of the business, the applicant and/or operator shall notify the License Investigation Unit of the Monroe County Sheriff's Office.

_____ (Initial)

14

I understand and acknowledge that licenses issued by the Monroe County Sheriff are annual licenses. Pawnbroker, Secondhand Dealer and Jewelry and Coin Exchange licenses expire automatically on **December 31** of each year. I understand I must apply for a renewal license prior to January 1st the following year.

_____ (Initial)

15

I understand and acknowledge that as the owner/operator of a licensed business, I shall not operate the business or permit any occupancy beyond the hours set forth by law and set forth on said license.

_____ (Initial)

16

I understand and acknowledge that I am responsible for knowing and obeying, and ensuring that my employees know and obey, applicable laws and rules as contained in the Local Laws of the County of Monroe, including Local Law Chapter 384, as well as any applicable village, town, state and Federal Laws.

_____ (Initial)

NOTICE

Pursuant to Penal Code §210.45 it is a crime punishable as a Class A Misdemeanor under the laws of the State of New York for a person, in and by written instrument, to knowingly make a false statement or to make a statement which such person does not believe to be true.

I acknowledge that all the information contained in this application is correct, to the best of my knowledge, and I understand that making false statements on this application may result in the denial or revocation of the license issued by the Monroe County Sheriff.

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____ 20 _____

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

Notary Public /Commissioner of Deeds

Date of Expiration

YOUR SIGNATURE MUST BE NOTARIZED OR THE APPLICATION WILL BE RETURNED TO YOU

OFFICE USE ONLY

MONROE COUNTY SHERIFF'S OFFICE

Criminal Check: Application Fee: Zoning: Fire:

Applicant Contact: In Person: Telephone:

Inspection of Premises:

Approved: Denied: Conditionally Approved:

License No. _____

Deputy Steve Thomsen Date
Licensing Compliance Unit

Patrick M. O'Flynn Date
Monroe County Sheriff