

**OFFICE OF THE SHERIFF  
COUNTY OF MONROE  
130 South Plymouth Avenue  
ROCHESTER, NY 14614**

**LICENSE APPLICATION**

**CHECK ONE:**                      **NEW:**                                       **RENEWAL:**

**Indicate with an "X"**                       **Pawnbroker**                                      **[Local Law Chapter 384]**  
 **Secondhand Dealer**                                      **[Local Law Chapter 384]**  
 **Jewelry and Coin Exchange**                                      **[Local Law Chapter 384]**

**LICENSE FEES ARE NOT PRORATED AND ARE NON-REFUNDABLE AND NON-TRANSFERABLE**

**WARNING:** The Monroe County Sheriff may deny a license to any person who makes a material misrepresentation on an application.

<b>1</b>	<p><b>Business Information:</b></p> <p style="text-align: right;">Tax ID No. _____</p> <p>Name of Business _____</p> <p>Business Phone (include area code) _____ Email Address _____</p> <p>Describe the nature of the business activities (ex. items bought and sold) _____</p> <p>Business Address _____ City _____ State _____ Zip _____</p> <p>Hours of Operation: _____</p> <p>List all e-commerce websites and account associated with the business: _____</p> <p>_____</p> <p>_____</p>
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<b>2</b>	<p><b>Business Owner: (Valid Government Issued Photo ID Required)</b></p> <p>Full Name of Business Owner (Include Maiden Name if applicable) _____</p> <p>Date of Birth _____ Email Address _____</p> <p>Residence Phone _____ Cell Phone _____</p> <p>Residence (<b>No P.O. Box</b>) _____ City _____ State _____ Zip _____</p> <p><b>Are you the sole owner of the business?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If "NO", complete Box #4</b></p>
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<b>3</b>	<b>Daily Business Operator: (if other than owner) (Valid Government Issued Photo ID Required)</b>			
Full Name of Daily Business Operator (Include Maiden Name if applicable)				
Date of Birth		Email Address		
Residence Phone		Cell Phone		
Residence <b>(No P.O. Box)</b>		City	State	Zip

<b>4</b>	<b>NOTE:</b> 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):				
Name of Business Entity: _____					
Full Name		Title	Date of Birth	Home Address	Phone Number

<b>5</b>	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?				
Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If YES, please list:</b>					
Name of Business			Address		
Name of Business			Address		

<b>6</b>	<b>Property Owner:</b>			
Full Name of Property Owner		Date of Birth		
Residence Phone		Cell Phone		
Residence <b>(No P.O. Box)</b>		City	State	Zip

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**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 one (attach additional sheets if necessary)**

Name of Owner of Operator

Name of Business

Location

Dates Involved

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 suspended or revoked?

Yes  No

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

Name of Owner or Operator: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Location: \_\_\_\_\_

Brief Explanation/Reason: \_\_\_\_\_

## 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 Investigation 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 1<sup>st</sup> 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 Daniel Philipp Date  
Licensing Compliance Unit

\_\_\_\_\_  
Patrick M. O'Flynn Date  
Monroe County Sheriff