

Pawnbroker/Second Hand Dealer License Application  
Pembroke Police Department  
247 Pembroke Street  
Pembroke NH 03275  
(603) 485-9173

**Applicant Information**

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Street \_\_\_\_\_ Driver's License No. \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Sex \_\_\_\_\_

☐ I have previously obtained a Pawnbroker/Second Hand Dealer License #  
\_\_\_\_\_ issued on \_\_\_\_\_ by \_\_\_\_\_.

☐ I have had a Pawnbroker/Second Hand Dealer License **REVOKED/SUSPENDED**. If  
so, please include the date it was revoked, the reason and the original issuing agency.

# \_\_\_\_\_ revoked/suspended on \_\_\_\_\_ by \_\_\_\_\_

Reason: \_\_\_\_\_.

**Company Information**

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Company Phone Number \_\_\_\_\_

Owner's Name \_\_\_\_\_ Title \_\_\_\_\_

Owner's Home Address \_\_\_\_\_

**Employees**

*Note: This application **MUST** include all personal identifying information for all persons  
operating or intending to operate under this license. If additional space is needed, please  
include additional employees on the back of this application.*

1.) Name \_\_\_\_\_ Occupation \_\_\_\_\_

Street \_\_\_\_\_ Driver's License No. \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Sex \_\_\_\_\_

2.) Name \_\_\_\_\_ Occupation \_\_\_\_\_

Street \_\_\_\_\_ Driver's License No. \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Sex \_\_\_\_\_

3.) Name \_\_\_\_\_ Occupation \_\_\_\_\_

Street \_\_\_\_\_ Driver's License No. \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Sex \_\_\_\_\_

4.) Name \_\_\_\_\_ Occupation \_\_\_\_\_

Street \_\_\_\_\_ Driver's License No. \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Sex \_\_\_\_\_

5.) Name \_\_\_\_\_ Occupation \_\_\_\_\_

Street \_\_\_\_\_ Driver's License No. \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Sex \_\_\_\_\_

### **Merchandise Information**

Type of Merchandise you intend to deal in:

\_\_\_\_\_

### **Surveillance/Security Information**

Please include a description of the "electronic monitoring/recording equipment" your store will be equipped with, pursuant to Pembroke Town Ordinance

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have annotated below all of my motor vehicle offenses and criminal convictions and that of all employees that are employed by me or intending to operate under this license.  
*Note: All additional motor vehicle offenses and criminal convictions should be listed on the back of this application.*

**Motor Vehicle Offenses**

<u>Date</u>	<u>Offense</u>	<u>Employee Name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Criminal History**

<u>Date</u>	<u>Offense</u>	<u>Employee Name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby swear that the information stated above is true to the best of my knowledge, under the penalties of law, including False Swearing, pursuant to N.H. RSA § 641:2.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Justice of the Peace