

SBI _____ # _____
PPD _____
Zone _____
Fire _____
Taxes _____

City Clerk's Office
389 Congress Street
Portland, Maine 04101
(207) 874-8557

New/ Renewal fee \$30.00/ \$20.00
License fee \$135.00
SBI fee \$21.00 (per principle officer/owner)
Total Due _____

Junk Collector/Dealer, Second Hand Dealer, Pawn Dealer Application

Please check one: (Corporation/ LLC/ Non-profit org. ____) (Sole Proprietor ____) (Partnership ____)

Business Name: _____ Phone: _____

Location Address: _____ Zip _____

Mailing Address: _____ Zip _____

Contact Person: _____ Phone: _____

Manager of Business _____ Home Phone # _____

Owner of Premises (landlord): _____

Address of Premises Owner: _____ Zip _____

Does the issuance of this license benefit any City employee? ____ Yes ____ No

If yes, please list name(s) of employee(s) and City Department(s):

Have applicant, partners, associates, or corporate officers ever been arrested, indicted, convicted or court martialled for any violation of law? _____ If yes, please explain: _____

Have any of the applicants, including the corporation if applicable, ever held a business license with the City of Portland? _____ Yes _____ No. If yes, please list business name(s) and location(s):

Is any principal officer under the age of 18? _____ Yes _____ No

Please list items or general type of items for sale: _____

SOLE PROPRIETOR/PARTNERSHIP INFORMATION: (if corporation, leave blank)

Name of Owner(s): _____ Date of Birth _____ Residence Zip Code _____

Name of Owner(s): _____ Date of Birth _____ Residence Zip Code _____

Name of Owner(s): _____ Date of Birth _____ Residence Zip Code _____

CORPORATE/LLC/NON-PROFIT ORGANIZATION APPLICANTS: (if sole proprietor, leave blank)

Corporation Name: _____

Corporation Mailing Address: _____ ZIP _____

Contact Person: _____ Phone Number: _____

PRINCIPAL OFFICERS:

Name _____ Title _____ Date of Birth _____ Residence Zip Code _____

Name _____ Title _____ Date of Birth _____ Residence Zip Code _____

Name _____ Title _____ Date of Birth _____ Residence Zip Code _____

Name _____ Title _____ Date of Birth _____ Residence Zip Code _____

Name _____ Title _____ Date of Birth _____ Residence Zip Code _____

Name _____ Title _____ Date of Birth _____ Residence Zip Code _____

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above license and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license. It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto. I/We, hereby authorize the release of any criminal history record information to the City Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

Signature _____ Title _____ Date _____