

TOWN OF DERRY

APPLICATION FOR SECOND-HAND DEALERS LICENSE

APPLICATION INSTRUCTIONS: Read the following carefully before you sign below. A false statement on any part of this application will be just cause for refusal of this application and may be punishable under RSA 641:3. A \$250.00 application fee must accompany this application. Make checks payable to the Town of Derry.

Application Date \_\_\_\_\_ Type of Application  New  Renewal

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Tel # \_\_\_\_\_

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

Name of Business \_\_\_\_\_ Tel # \_\_\_\_\_

Address \_\_\_\_\_

Addresses for the past ten (10) years. Begin with present and include dates at each address.

(A) \_\_\_\_\_

(B) \_\_\_\_\_

(C) \_\_\_\_\_

(D) \_\_\_\_\_

Have you ever been convicted of a crime which has not been annulled by the court having jurisdiction?

Yes  No

Have you ever had a second-hand dealer's license denied in this state or any other state?

Yes  No

If the answer to either of the above questions is yes, please explain below.

I have received a copy of the Town of Derry Second-Hand Dealer Ordinance and fully understand the provisions contained therein. I understand that any information I give may be investigated as provided for by Town Ordinance. I have received a State of New Hampshire Criminal Record Release Authorization Form and understand I must submit a copy of any criminal record or documentation indicating none exists to the Police Department as part of this application. I certify that, to the best of knowledge and belief, all my statements are true, correct, and complete and made in good faith.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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Recommend Approval  
Yes \_\_\_\_\_ No \_\_\_\_\_

Recommend Approval  
Yes \_\_\_\_\_ No \_\_\_\_\_

Chief of Police \_\_\_\_\_

Town Administrator \_\_\_\_\_