



**CITY OF LONG BRANCH
344 BROADWAY
LONG BRANCH, NJ 07740**



APPLICATION FOR A LICENSE / SECOND HAND DEALERS

PLEASE CHECK ONE: INITIAL _____ RENEWAL _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE #: _____

OWNER'S NAME: _____

OWNERS DATE OF BIRTH: _____

OWNERS SOCIAL SECURITY #: _____

EMAIL ADDRESS: _____

If a Corporation, complete the following:

	NAME	ADDRESS	DOB	SS#
President:	_____	_____	_____	_____
Vice-President:	_____	_____	_____	_____
Secretary:	_____	_____	_____	_____
Treasurer:	_____	_____	_____	_____

Names of Associates engaged in buying and selling:

	NAME	ADDRESS	DOB	SS#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SIGNATURE: _____ DATED: _____

FOR OFFICE USE ONLY

RECEIVED BY CITY CLERK: _____ DATE: _____

TOTAL PAYMENT RECEIVED: \$ _____

APPROVED BY POLICE DEPARTMENT: _____ DATE: _____

APPROVED BY PUBLIC SAFETY DIRECTOR: _____ DATE: _____

LICENSED ISSUED ON: _____ LICENSE NO.: _____