



**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.: _____