

Application must be  
completed along with a  
State of NH Criminal  
Background Check



**CITY OF LACONIA**  
**APPLICATION FOR PAWNBROKER OR SECONDHAND DEALER LICENSE**

**(PLEASE PRINT OR TYPE)**

Applicant's Name: \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Applicant's Home Address: \_\_\_\_\_  
Number Street City State Zip

Applicant's Date of Birth: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Number Street City State Zip

Business Phone # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Description or Nature of Business \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime, which has not been annulled? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If the answer is yes, give charge, date, place of arrest and disposition. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information on the completed application form is true, correct and complete. I submit same and invite your reliance upon my statements for the purpose of obtaining a Pawnbrokers License. By my signature below, I acknowledge notification that any false statement made on this application will be considered an "Unsworn Falsification," as defined by Revised Statutes Annotated 641:3 and am informed I may be prosecuted. I have been provided with a copy of RSA 641:3. I have been given a copy of and understand my responsibilities under City Code Chapter 173.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**(FOR CITY USE ONLY)**

Application Fee: \_\_\_\_\_ Received on (date): \_\_\_\_\_ by: \_\_\_\_\_  
Licensing Board Approval on: \_\_\_\_\_ License Expires on: \_\_\_\_\_  
Special Conditions of Approval: \_\_\_\_\_  
\_\_\_\_\_

45 Beacon Street East, Laconia, NH 03246  
(603) 528-6331