Pawn Brokers License

License expires 04/30

New applications

- *Letter from Property Owner * (Rental Agreement)
- *Zoning paper to signed off at Zoning Dept., Health and Code Dept.
- *Tax Release Form signed off at Treasurer's Office, City Hall
- *Business Certificate from City Hall, (Not needed if corporation, unless DBA)
- *Insurance Bond (\$300)
- *Applicant summits all above documents to License Division.
- *Applicant Pays fee. \$100.00
- *Applicant makes appointment with Detective Bureau to set up NESPIN Accounts.
- * Record Book unless exempt by Chief of Police.

After all applications are submitted, the officer will go out and inspect the business.

Permit Issued to applicant.

**If the request is not granted, Applicant advised of reason(s) and options

Renewal applications

- *Applicant submits application and pays fee. \$100.00
- *If business certificate has expired, applicant will submit new certificate.
- *Permit Issued

APPLICATION FOR SECOND HAND ARTICLES

NAME OF APPLICANT:	
HOME ADDRESS:	PHONE
D.O.B.:SS#	
PLACE OF BIRTH:	U.S. CITIZEN:
PRESENT EMPLOYER:	
NAME AND ADDRESS OF BUSINESS APP	
NAME:	
ADDRESS:	PHONE
IF A CORPORATION LIST OFFICERS AND	ADDRESSES:
PRESIDENT:	
VICE PRESIDENT:	
TREASURER:	
PERSON PURCHASING ARTICLES:	
NAME:	
HOME ADDRESS:	PHONE
D.O.B.:SS#	
PLACE OF BIRTH:	U.S. CITIZEN:
TAX ID#	
HAVE YOU EVER BEEN ARRESTED, IF YI	ES, EXPLAIN:
SIGNATURE OF APPLICANT	DATE

CITY OF WORCESTER

Licensing Reap Release Form

Licensing Department: (Please Circle one)	POLICE	FIRE	HEALTH/CODE
License Dept. contact perso	n:		Ext
Person applying for License	es:		
Home Address of Licensee:	·		
Business Name			
Business Address:			
Property Owner:			
The City of Worcester Trea and taxes owed to the City a		•	, 11
RELEASE LICENSI	E or	REQUES	T REAP HEARING
Signature: Assistant Treasi	urer/Collector	Date:	

CC: Assessor/Personal Property File

WORCESTER POLICE DEPARTMENT LICENSE INVESTIGATION UNIT 9-11 LINCOLN SQUARE ROOM 108 WORCESTER, MA 01608

PLEASE VERIFY THE ZONE AND OCCUPANY FOR THE FOLLOWING:

TO BE COMPLETED	BY APPLICANT:				
LOCATION OF BUSIN	ESS:				
TYPE OF LICENSE AP	PLIED FOR:				
OTHER BUSINESSES	IN SAME LOCATION: YES	NO			
SIGNATURE OF APPL	JICANT	DATE:			
TO BE COMPLETED BY INSPECTIONAL SERVICES:					
ZONE	PERMITTED USE: YES	NO			
OCCUPANCY PERMIT	T: APPROVED:	DENIED:			
INSPECTIONAL SERV	ICES SIGN OFF BY:				
DATE:					

PLEASE HAVE THIS FORM SIGNED BY THE CITY OF WORCESTER DEPARTMENT OF INSPECTIONAL SERVICES, BUILDINGS & ZONING, 25 MEADE ST., WORCESTER, MA (508) 799-1198.