



CITY OF ELIZABETH, NEW JERSEY

DEPARTMENT OF ADMINISTRATION

CENTRAL LICENSE BUREAU

50 Winfield Scott Plaza, Elizabeth, NJ 07201-2462

Phone: (908) 820-4178 Fax:

(908) 820-0369

BRIDGET S. ANDERSON
Business Administrator

CLARA GOODRIDGE
Chief License Inspector

J. CHRISTIAN BOLLWAGE
Mayor

ANNUAL FEE: \$150

**SALE/PURCHASE
OF
USED MERCHANDISE
(JEWELRY - ELECTRONIC DEVICES - USED AUTO PARTS)**

**SECONDHAND DEALERS APPLICATION
(PLEASE PRINT CLEARLY OR TYPE)**

FULL NAME: _____

RESIDENCE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

S.S.#: _____ DATE OF BIRTH: _____

BUS. TAX ID: _____ PHONE #: _____

TRADE NAME: _____

BUSINESS ADDRESS: _____

IF CORPORATION, IN WHAT STATE INCORPORATED?: _____ DATE
OF INCORPORATION: _____

REGISTERED AGENT: _____

**NAMES AND ADDRESSES OF MEMBERS OF FIRM OR CORPORATION, AND PERCENTAGE OF
OWNERSHIP**

**HAVE YOU OR ANY MEMBER OF FIRM OR CORPORATION BEEN CONVICTED OF A CRIME OR
MISDEMEANOR?**

IF YES, GIVE DETAILS: _____

NAME, ADDRESS, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER OF ALL EMPLOYEES BUYING AND SELLING GOLD AND/OR USED MERCHANDISE.

Multiple horizontal lines for providing employee information.

HAVE ANY OF YOUR EMPLOYEES EVER BEEN CONVICTED OF A CRIME OR MISDEMEANOR? IF YES, GIVE DETAILS:

Multiple horizontal lines for providing details of convictions.

PLEASE ATTACH: THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS APPLICATION AT TIME OF SUBMISSION TO THE CENTRAL LICENSE BUREAU:

- 1. Original Bond in the amount of \$10,000.
2. Government Photo ID for all buyers (i.e., Drivers License)

Signature of Applicant

SWORN AND SUBSCRIBED TO BEFORE ME

THIS DAY OF , 20 .