



**4** **NOTE:** If the owner or operator is a partnership, corporation or other business association, D.B.A., include name, home address, and date of birth for all principals involved (e.g. partners, shareholders, officers, etc.).

**CIRCLE ONE: Partnership/Corporation/ D.B.A. /Agent**

Full Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5** Do you currently or have you operated any other business in the City of Rochester which was required to obtain a Certificate of Use, Business Permit or License issued by the Chief of Police and/or any other State or Local License?

**YES**  **NO**  **If yes, please list:**

Name of Business \_\_\_\_\_ Address \_\_\_\_\_

Name of Business \_\_\_\_\_ Address \_\_\_\_\_

**6** Full name of Property Owner: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

Residence (No P.O.Box) \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

**7** **SECONDHAND DEALER**

**Identity of employees (attach second sheet if necessary)**

Name:	Date of Birth:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8

**Other Secondhand Dealers**

Has the owner or operator ever been involved in a previous secondhand store?

YES \_\_\_\_\_ NO \_\_\_\_\_ (Initial) \_\_\_\_\_

**If yes, please provide the following information:**

(1) Name of Business: \_\_\_\_\_

Location \_\_\_\_\_

(2) Dates involved \_\_\_\_\_

**AUCTIONEERS**

**I understand that I am responsible for securing and maintaining a surety bond in at least the amount of \$1,000.00 during the period of my licensure. I have attached the original Certificate of Surety Bond.**

\_\_\_\_\_  
(Initial)

**PAWNBROKERS**

**I understand that I am responsible for securing and maintaining a surety bond in at least the amount of \$10,000.00 during the period of my licensure. I have attached the original Certificate of Surety Bond.**

\_\_\_\_\_  
(Initial)

**ACKNOWLEDGMENTS**

9 I understand that completion and submission of the application does not constitute a valid license/permit and that operation of my business is not permitted until my application has been approved and the license issued by the Chief of Police.  
\_\_\_\_\_  
(Initial)

10 I understand that the license holder and/or their employees shall operate the business so that it is not a source of disruption or disorder in and around the area where the business is located and shall cooperate with any and all investigations relative to the business.  
\_\_\_\_\_  
(Initial)

11 I understand that the applicant and/or operator shall maintain all licenses required for the operation of the business and shall notify the License Investigation Unit of the Rochester Police Department in writing of any change in status of said licenses.  
\_\_\_\_\_  
(Initial)

12 I understand licenses are not transferrable and that prior to changing the name, type, location or ownership and/or management of the business, the applicant and/or operator shall notify the License Investigation Unit of the Rochester Police Department.  
\_\_\_\_\_  
(Initial)

13 I understand that as the owner/operator of a licensed business, I shall not permit at any time a greater number of persons on the premises than the posted occupancy set forth on said license.  
\_\_\_\_\_ (Initial)

14 I understand that licenses issued by the Chief of Police are annual licenses. Auctioneer licenses expire automatically on **December 31** of each year and Pawnbroker, Secondhand Dealer, Junk Operator, Junk Dealer and Scrap Processer expire automatically on **May 31** of each year.  
\_\_\_\_\_ (Initial)

15 **Suspensions and/or Revocations**  
I acknowledge under oath that I have not had a license or permit suspended or revoked during the past two years.  
\_\_\_\_\_ (Initial)

16 I understand that as the owner/operator of a licensed business, I shall not operate the business or permit any occupancy beyond the hours set forth by law and set forth on said license.  
\_\_\_\_\_ (Initial)

17 I understand that I am responsible for knowing and obeying, and ensuring that my employees know and obey, applicable laws and rules as contained in the Code of the City of Rochester and State and Federal Laws.  
\_\_\_\_\_ (Initial)

I acknowledge that all the submitted information is correct and I understand that false statements made on this application may result in the denial or revocation of the license issued by the Chief of Police.

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

**SUBSCRIBED AND SWORN TO BEFORE ME**

**THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_

\_\_\_\_\_  
**Notary/Commissioner of Deeds**

\_\_\_\_\_  
**Date of Expiration**

**OFFICE USE ONLY**

**ZONING STAFF:** \_\_\_\_\_

**NSC QUADRANT** \_\_\_\_\_

Date: \_\_\_\_\_

**CZC #** \_\_\_\_\_

Conditions: \_\_\_\_\_

Pending Permits? Yes \_\_\_\_\_ No \_\_\_\_\_

Lawful hours of operation \_\_\_\_\_

**BUILDINGS STAFF:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approved MAXIMUM Occupancy: \_\_\_\_\_ Square footage \_\_\_\_\_

**FIRE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approved: \_\_\_\_\_

Code Violations Yes \_\_\_\_\_ No \_\_\_\_\_

\*Attach all Documentation for support of Stop the Clock Correspondence

**NEIGHBORHOOD SERVICE CENTER:**

Current C/O Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_ \_\_\_\_\_ Copy of C of O attached  
Open Cases Yes \_\_\_\_\_ No \_\_\_\_\_ \_\_\_\_\_ Copy of Notice and Order attached  
Nuisance Pts. Yes \_\_\_\_\_ No \_\_\_\_\_ # Pts \_\_\_\_\_ Copy of records attached.  
Inspection Yes \_\_\_\_\_ No \_\_\_\_\_

\*Attach all Documentation for support of Stop the Clock Correspondence

**NSC Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ROCHESTER POLICE DEPARTMENT**

Criminal Check: \_\_\_\_\_ Records \_\_\_\_\_ MCVB \_\_\_\_\_ Alarm \_\_\_\_\_  
Applicant Contact: \_\_\_\_\_ In Person \_\_\_\_\_ Telephone \_\_\_\_\_ Game Limit \_\_\_\_\_  
Documents: Health Permit \_\_\_\_\_ Bond/Ins.Appr. \_\_\_\_\_  
Approved \_\_\_\_\_ Denied \_\_\_\_\_ Adm. Canceled \_\_\_\_\_ Conditionally Approved \_\_\_\_\_

Fire Approval Date \_\_\_\_\_ NSC Approval Date \_\_\_\_\_

\_\_\_\_\_  
**Researcher** Date

\_\_\_\_\_  
**Chief of Police** Date