



Office of the City Clerk

Date Filed:

License No:

City Hall, 38 Hawley Street, Binghamton, NY 13901 607-772-7005

PAWNBROKER PERMIT APPLICATION

Applicants must be a resident of the City of Binghamton for at least six continuous months prior to the submission of this application, and must be at least 21 years of age or older.

Applicant Information

Name of Applicant: _____

Address: _____

Phone (Home/Work/Cell): _____

Date of Birth: _____ Age: _____

How long have you resided in the City of Binghamton immediately preceding the submission of this permit application?

Year(s): _____ Month(s): _____

Please provide the address of your residence for the five years preceding the submission of this permit application.

Address: _____

Additional Information

Have you applied for a Pawnbroker's license previously? Yes No

Address of Business: _____

Please provide the names and ages of all persons employed in your business:

_____ Age: _____



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Terms and Conditions

I agree to comply with the specified hours of operation for my Pawnbroker business, between 7:00am and 6:00pm Monday-Friday, and between 7:00am and 12:00pm on Saturday.

I agree to comply with all requirements and conditions outlined in § 275, Article II, *Collateral Loan Brokers*, in the Code of the City of Binghamton, available for review through the Office of the City Clerk, specifically noting the prohibition of employing persons under 16 years of age, the upkeep of a daily record book subject to inspection by City officials, and reporting requirements to the Chief of Police.

I understand that any violation to an approved application shall result in punishment by fine not to exceed \$150 or by imprisonment not to exceed 150 days, or both, or the City may maintain a civil action for a penalty not exceeding \$500.

I certify that I have been a resident of the City of Binghamton for at least 6 months prior to the submission of this application.

Applicant Signature

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Approval of Application

Chief of Fire Bureau/Fire Marshall: Yes No

Signature: _____ Date: _____

City of Binghamton Criminal Records Check Completed: Yes No

Signature: _____ Date: _____

Commissioner of Public Works: Yes No

Signature: _____ Date: _____

Directory of Parks & Recreation: Yes No

Signature: _____ Date: _____

Mayor: Yes No

Signature: _____ Date: _____

City Clerk: Yes No

Signature: _____ Date: _____