



City of Central Falls Pawn Broker Application

Applicant Information

Name of Applicant: _____

☐ Sole Proprietor ☐ Corporation ☐ Limited Liability Company

Doing Business As: _____
(Name of Business)

Business Address: _____

If business is a corporation, provide officers information:

Name _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Cell phone: _____ Email: _____

Name _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Cell phone: _____ Email: _____

If business is a sole proprietorship, provide owners information:

Name _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Cell phone: _____ Email: _____

Business Information

Type of Application:

☐ New ☐ Transfer ☐ New Owner; Name of former owner _____

☐ New Location; Former location _____

License (s) _____

Hours of Operation: _____ Days of Operation: _____

Description of Business Activity _____

Pawn Broker \$200.00
Advertisement \$280.00

Emergency Contact Information
(Applicant required to provide two different contacts)

Name: _____	Name: _____
Address: _____	Address: _____
Telephone Number: _____	Telephone Number: _____
Alarm Company Name of Police Telephone Number: _____	Alarm Company Name of Fire Telephone Number: _____

Finance Department/ Departamento de Finanzas

<input type="checkbox"/> Taxes Current	Signature of Official: _____	Date: _____
<input type="checkbox"/> Property Taxes	Signature of Official: _____	Date: _____

Acknowledgement by Property Owner
(To be completed if applicant is not the property owner)

I, _____, (Please print name of property owner) being the owner of the record of the listed property hereby acknowledge and affirm that I have entered into an agreement to rent of lease the above named property with the above applicant for said business.			
_____ Property Owner Signature	_____ Property Owner Name Printed	_____ Date	
_____ Property Owner Address	_____ City	_____ State	_____ Zip
_____ Notary Public Signature	_____ Notary Public Name Printed	_____ Date	

☐ I understand this application is considered incomplete until all state approvals, permits, and licenses and insurance coverage (if required) are filed with the Office of the City Clerk.

☐ I acknowledge that I am over the age of 18 years.

☐ I declare, under the pains and penalties of perjury and all other remedies at law, that I have reviewed this form and the statements I have made in it and declare that they are true.

General Release & Indemnity Agreement

The above applicant, in consideration of the license granted by the Licensing Authority of the City of Central Falls, hereby remises, releases and forever discharges the City of Central Falls, its respective employees, agents and attorneys form all manner of actions, causes of actions, debts, dues, claims and demands both in law and equity, more especially any and all claims for the above mentioned including but not limited to property damages and personal injuries resulting from the issuance of said license.

Signature of Applicant _____ Date _____

Office Use Only

Advertisement fee _____ Date Paid _____ Cash/Check # _____ Clerk Initials _____

License fee _____ Date Paid _____ Cash/Check # _____ Clerk Initials _____

City Council Restrictions/Stipulations

Determination by Council _____ Date _____ City Clerk Signature _____

