

Fee:\$100.00

Village of Lynbrook License Application



SECONDHAND DEALER

Last name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex: M / F

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_ Or Business Tax ID # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Business / employer name: \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ I'm a: Citizen \_\_\_\_\_ Non - Citizen \_\_\_\_\_ of the United States

If you're not a citizen attach a copy of your work authorization from the Immigration and Naturalization Service.

Have you ever been convicted of any Offense? \_\_\_\_\_. If yes indicate: Offense 1. \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

If more than four, complete on a separate piece of paper and attach to this application.

New York State Driver License ID # \_\_\_\_\_ Date License Expires \_\_\_\_\_ Class \_\_\_\_\_ Has this License

ever been suspended, revoked, cancelled or denied? \_\_\_\_\_ If yes, indicate the details: \_\_\_\_\_

I have attached: a) Filing Fee \_\_\_\_\_ b) Copy of Driver's License \_\_\_\_\_

Business owners must submit the following Certificates of Insurance with this application:

- Workers Compensation or a waiver if self-employed with no other employees and.
Workers Disability Benefits or waiver if self-employed with no other employees and
Copy of Liability Insurance

I hereby agree to a full investigation of my background, character and fitness and all information given on this application. I understand that any false information may result in the denial of the license or subsequent revocation of my license. I understand that the Lynbrook Village Code may require that I be fingerprinted in connection with this license application and that the license may be denied or subsequently revoked for a conviction of a crime or for violating any section of the Lynbrook Village Code.

Signature of Applicant \_\_\_\_\_

State of New York } ss
County of Nassau

\_\_\_\_\_ being duly sworn, deposes and says that he/she is the applicant described above and that the answers, information and statements on this application are true to his/her own knowledge and belief.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Notary Public, Nassau County, New York.

Signed \_\_\_\_\_

Not qualified due to \_\_\_\_\_

License Approved: Chief of Police \_\_\_\_\_ Date \_\_\_\_\_ Mayor: \_\_\_\_\_ Date \_\_\_\_\_

Application Fee Paid\$ \_\_\_\_\_ Receipt# \_\_\_\_\_ LICENSE # \_\_\_\_\_ issued on \_\_\_\_\_ by \_\_\_\_\_