

**TOWN OF ROTTERDAM TOWN CLERK
JOHN F. KIRVIN GOVERNMENT CENTER
1100 SUNRISE BLVD.
SCHENECTADY, NEW YORK 12306
TELEPHONE (518) 355-7575 ext. 352**

**APPLICATION FOR GENERAL LICENSE FOR
SECONDHAND DEALERS
Mail to: Diane M. Marco Town Clerk**

The following application must be completed in full, and the affidavit below must be properly executed and signed by the applicant before notary public. If applicant is a firm or corporation, the person filing on behalf of the corporate entity must be an officer of the company and the officer's official title must accompany the signature. Failure to comply will result in the application not being processed until completed in full.

Application Fee: \$250.00 make out to the Rotterdam Town Clerk

Name of Applicant: _____

Corporation or Partnership Name: _____

Applicant's Relationship to Corporation or Partnership: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Valid Telephone Number: _____ Fax Number: _____

Date of Birth: _____ Place of Birth: _____

Sex: _____ Weight: _____ Height: _____ Eye Color: _____ Driver License No: _____

Social Security No: _____ - _____ - _____

Have you been known by any other name other than the one given on this Application?

Yes: _____ No: _____ what name and why? _____

Length of time applicant has resided in the Town of Rotterdam: _____

Previous Employer(s), dating back ten (10) years: _____

Have you ever been convicted of a felony or misdemeanor? Yes: _____ No: _____

If yes, state where, when and nature of the conviction (attach documents or additional page(s) if necessary):

Please describe in detail the character of the business in which you desire to engage (i.e., what articles described in Town code §229-1 the applicant will be purchasing and/or selling):

Please list the address of the secondhand business, dates and length of time you will be operating (If the location changes, you must immediately notify the Town Clerk of the location, as a change may require zoning approval

Please note how you have complied with any necessary site plan review pursuant to Town Code, Article XVII:

Has any license been revoked or denied by any municipality in the last year?

Yes: _____ No: _____ If yes, where: _____

State the grounds for denial: _____

Have you, either alone or with someone else, previously been involved or employed as a Secondhand Dealer?

Yes: _____ No: _____ If yes, for how long: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I HAVE BEEN PROVIDED WITH A COPY OF THE SECONDHAND DEALERS CODE AND I AGREE TO ABIDE BY ALL PROVISIONS OF THE TOWN OF ROTTERDAM CODE AS IT PERTAINS TO THE LICENSE I HAVE APPLIED FOR BY AND THROUGH THIS APPLICATION.

Signature _____

Official Title _____

_____, being duly sworn, deposes and says that he/she is the person signing the foregoing application and that the answers above are true in all respects and particulars.

Sworn to before this _____ day of _____ 20 _____

Notary Public