

**Stroud Township**  
1211 North Fifth Street, Stroudsburg, PA 18360

**License Application for Secondhand Dealer**

Renewal (\$25.00)     New Application (\$50.00)    For 12 Months Beginning \_\_\_\_\_ Date\*

\*Effective date of license will be date of license issuance or license renewal

Check applicable:     Pawnbroker     Secondhand Goods     Precious Metals

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone/Cell Phone: \_\_\_\_\_    Date of Birth: \_\_\_\_\_

**BUSINESS LOCATION**

Business Name (as will appear on license, if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Storage Facility Address (if applicable): \_\_\_\_\_  
PA Sales Tax Number: \_\_\_\_\_  
Federal Employer Identification Number: \_\_\_\_\_

**APPLICANT CERTIFICATION**

I certify that the information above is true and complete. I further certify that I have not been convicted of receiving stolen property, theft, or burglary in Pennsylvania or any other jurisdiction.

Application made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ **X** \_\_\_\_\_  
Applicant's Signature

<b>TO BE COMPLETED BY A STROUD TOWNSHIP CODE ENFORCEMENT OFFICER</b>	
A fee of \$25 or \$50 (circle one) has been paid to Stroud Township, recorded on	License Applicant Authorization Form Received Y / N Received by: _____
Receipt No.: _____    Dated: _____	Stroud Township Code Enforcement Official Date: _____

License Fee is not refundable. License is not transferable.

Submit completed application to:  
Stroud Township Zoning Office, 1211 North Fifth Street, Stroudsburg, PA 18360 (570) 421-3362

## LICENSE APPLICANT AUTHORIZATION

I, the undersigned, \_\_\_\_\_, in conjunction with my application for a Secondhand Dealers license, hereby authorize Stroud Township, its agents, employees and appointed contractors, and all law enforcement agencies engaged by Stroud Township, its agents, employees and appointed contractors, to request and obtain copies of criminal records, if any, about me from any source accessible by local, state and federal law enforcement agencies, including, but not limited to, records relating to any convictions for receiving stolen goods, theft or burglary, which offenses are the basis of denying such license under Stroud Township Ordinance No. 6 - 2013.

In addition, I also agree to release any and all persons and legal entities from any and all liability arising out of the release of the records described herein to the parties specified herein.

I am aware that this instrument may be photocopied in its use and hereby authorize a duplicate to have the same legal effect and validity as the original.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE/ZIP

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER