



Andrew J. Rizzo, Jr.
Building Official
Issuing Authority

City of New Haven BUILDING DEPARTMENT

PERMIT & LICENSE CENTER

200 Orange Street, 5th Floor* New Haven, Connecticut 06510

BUSINESS LICENSE APPLICATION



John DeStefano, Jr.
Mayor

To Be Filled Out Completely By Interested Person: ONCE ISSUED, A LICENSE IS NOT TRANSFERABLE, NO REFUND WILL BE ISSUED.

Date Application Submitted: _____ APPLYING AS A(N): INDIVIDUAL MANAGER OWNER PARTNERSHIP
(Please PRINT) ALL INFORMATION MUST BE SUPPLIED. INCOMPLETE APPLICATIONS WILL BE RETURNED.

License Is Hereby Granted To: _____
(Name(s) under which the **Broker** Business is to be operated)

Address: _____
(Address under which the **Broker** is to be operated)

List the merchandises, services, samples or other items to be sold: _____

Broker Trade Name (if any): _____ Telephone No: () _____

COMPLETE DAY(S) AND HOUR(S) OF OPERATION:

MONDAY _____ A.M./P.M. _____ A.M./P.M.	WEDNESDAY _____ A.M./P.M. _____ A.M./P.M.	SATURDAY _____ A.M./P.M. _____ A.M./P.M.
TUESDAY _____ A.M./P.M. _____ A.M./P.M.	THURSDAY _____ A.M./P.M. _____ A.M./P.M.	SUNDAY _____ A.M./P.M. _____ A.M./P.M.
	FRIDAY _____ A.M./P.M. _____ A.M./P.M.	

LIST THE NAME(S) OF OTHERS OPERATING THE BROKER BUSINESS. (Use back side of this application)

To the Building Department – Permit & License Center,

I (we), hereby agree to abide by all of the rules and regulations pertaining to **BROKERS** as defined by the City of New Haven Ordinances and the State of Connecticut Statutes.

Applicant Name: _____
(Last) (First) (Middle)

Applicant Address: _____
(street #) (street name) (town) (state) (zip code)

Home Phone: () _____ Sex: Male Female Birth Date: _____ Age: _____

Social Security # _____ Employer Identification No. of such Entity: _____

Valid Photo ID# _____ **NAME OF STATE:** _____
 Driver License Non-Driver License Passport Issued ID State Income Maintenance Issued ID
 Other Issued ID _____

Once issued, a license is not transferable, no refund will be issued, and is subject to the provisions of the Ordinances of the City of New Haven and the Statutes of the State of Connecticut applicable to the activity for which the license is requested.

By signing this application the applicant is authorizing the City to complete a background check on individuals, partners or officers of the entity to which the license is issued; and certifies that a copy of the city ordinance governing this license has been received.

Signature _____ **Date Signed:** _____

FOR OFFICE USE ONLY. REQUIRED APPROVALS/INSPECTIONS:

ZONING ADMINISTRATOR _____

APPROVED SIGNATURE (ZN): _____ DATE APPROVED _____

POLICE BACKGROUND REPORT: APPROVED _____ DENIED _____ REPORT RECEIVED _____

REQUEST FOR CRIMINAL BACKGROUND CHECK REPORT EXPIRES THREE (3) MONTHS FROM PROCESSED DATE: _____

FOR OFFICE USE ONLY: LICENSE TYPE: BROKER To Conduct the Following: Antiques Junk Yard Pawn
 Precious Metal Scrap Metal Secondhand Swap Shop

Renewal License No. _____ New License No. _____ Previous License No. _____

FEE: \$25.00 (RENEWAL) \$50.00 (NEW) \$5.00 (REPLACEMENT)

DATE LICENSE ISSUED: _____ THIS LICENSE IS NOT TRANSFERABLE AND EXPIRES ON **MAY 1**, _____

RECEIVED _____: CASH WAIVED CHECK _____ M/O # _____ RECEIPT # _____

APPROVAL OF ISSUING AUTHORITY _____ () Date: _____

OTHER REQUIRED DOCUMENTATION(S):

BOND # _____ EXPIRATION FROM: _____ TO _____

CT SALES TAX & USE PERMIT (COPY SUBMITTED) VALID PHOTO ID (COPY SUBMITTED)

DESCRIPTION OF ANY MERCHANDISE TO BE SOLD (COPY SUBMITTED)

List name(s) of other(s) operating the Broker Business. (Use additional pages if necessary.)

CURRENT LICENSE NO. (IF ANY) _____ PREVIOUS LICENSE NO. (IF ANY) _____

LICENSE TYPE(S): AMUSEMENTS AUCTIONEER BROKER MANAGING ITINERANT VENDOR
 OUTDOOR SEATING PARKING LOT/GARAGE ROOMING HOUSE SALES VENDOR

Name: _____
or (Last) (First) (Middle)

Name(s): _____ Employer ID# _____

Home Address: _____
(street #) (street name) (town) (state) (zip code)

Home Phone: () _____ Sex: Male Female Social Security # _____
Birth Date: _____ Age: _____

Valid Photo ID# _____ **NAME OF STATE:** _____

Driver License Non-Driver License Passport Issued ID State Income Maintenance Issued ID
 Other Issued ID _____

CURRENT LICENSE NO. (IF ANY) _____ PREVIOUS LICENSE NO. (IF ANY) _____

LICENSE TYPE(S): AMUSEMENTS AUCTIONEER BROKER MANAGING ITINERANT VENDOR
 OUTDOOR SEATING PARKING LOT/GARAGE ROOMING HOUSE SALES VENDOR

Name: _____
or (Last) (First) (Middle)

Name(s): _____ Employer ID# _____

Home Address: _____
(street #) (street name) (town) (state) (zip code)

Home Phone: () _____ Sex: Male Female Social Security # _____
Birth Date: _____ Age: _____

Valid Photo ID# _____ **NAME OF STATE:** _____

Driver License Non-Driver License Passport Issued ID State Income Maintenance Issued ID
 Other Issued ID _____

CURRENT LICENSE NO. (IF ANY) _____ PREVIOUS LICENSE NO. (IF ANY) _____

LICENSE TYPE(S): AMUSEMENTS AUCTIONEER BROKER MANAGING ITINERANT VENDOR
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