

Return To: City of Concord  
Code Administration  
Health Services  
37 Green St  
Concord, NH 03301



Permit #: \_\_\_\_\_  
Check #: \_\_\_\_\_  
**Fee \$500.00**  
Make checks payable to  
**CITY OF CONCORD**

## Application for Coins/Jewelry or Cash for Gold License

### Applicant Information

Company Name:	_____	Phone:	_____
Company Address:	_____		
	<i>Street Address</i>		<i>Unit #</i>
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Owner Name:	_____		
Owner Email:	_____	Phone:	_____
Company Phone:	_____		
Manager Name:	_____	Phone:	_____
Email:	_____		

### Operation Information

Address (If Different From Above)	_____	_____	_____	_____
	<i>Street Address</i>	<i>Unit #</i>	<i>City/State</i>	<i>ZIP Code</i>
Dates of Operation From:	_____	To:	_____	
Hours of Operation From:	_____	To:	_____	
State License #:	_____			Expires: _____

### Additional Information

Original Criminal Record Attached	YES <input type="checkbox"/> NO <input type="checkbox"/>
Cash for Coins/Jewelry	YES <input type="checkbox"/> NO <input type="checkbox"/>
Cash for Gold	YES <input type="checkbox"/> NO <input type="checkbox"/>

Licensee must adhere to all Local, State, and Federal Regulations and conditions set forth by other agencies for operation regarding Pawnbrokers, Pawnshops, Second Hand Dealers and Cash for Gold.

**License Expires one (1) year from date of issue**

and may be revoked for just case RSA 398:3 or 398:14, City of Concord Ordinance Chapter 15 Article 15-2-6.

### Disclaimer and Signature

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Applicant's Signature:	_____	Date:	_____
Police Department:	_____	Date:	_____
Health & Licensing Officer:	_____	Date:	_____