

**Town of Hooksett, NH**

# **PAWNBROKER LICENSE**

It is unlawful for any person, firm, or corporation to conduct the business of pawnbroker within the Town limits unless such person, firm or corporation shall have first obtained a pawnbroker's license from the Town of Hooksett in accordance with Town Ordinance 2014-1. All applicants for a pawnbroker's license shall file an application for such license with the Town Clerk on forms to be provided by the Clerk.

## **DOCUMENTS REQUIRED WITH APPLICATION**

Proof of applicant's right to possession of premises

Evidence that the corporation is in good standing under the statutes of the State of New Hampshire

Foreign corporations shall provide evidence that the corporation is authorized to do business in the State of New Hampshire

Proof of subscription to authorized electronic filing software

## **FEES REQUIRED FOR INITIAL APPLICATION**

\$250.00 nonrefundable application fee

**Town Clerk's Office  
Hooksett Town Hall  
35 Main Street  
Hooksett, NH 03106  
Phone: 603-485-9534  
Fax: 603-268-0049**

## **TERMS OF LICENSE**

The term of a Pawnbroker license is for one year from the date of issuance.

If you have any questions regarding a pawnbroker license, please call the Town Clerk's office at 603-485-9534.

**Town of Hooksett NH  
Pawnbroker License Application**

ALL INFORMATION MUST BE COMPLETED - Illegible and/or incomplete applications will be rejected

**GENERAL INFORMATION**

1. Name of business: \_\_\_\_\_
2. Trade name of establishment (d/b/a): \_\_\_\_\_
3. Address of Business: \_\_\_\_\_
4. Address of premises: \_\_\_\_\_
5. Business telephone: \_\_\_\_\_
6. Applicant is a:  
\_\_\_\_\_ Sole Proprietorship      \_\_\_\_\_ Partnership  
\_\_\_\_\_ Corporation              \_\_\_\_\_ Limited Liability Company

**SOLE PROPRIETORSHIP INFORMATION**

7. If sole proprietorship, list name, address, and date of birth of proprietor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARTNERSHIP INFORMATION**

8. If partnership, list name, address, and date of birth of partners: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIMITED LIABILITY INFORMATION**

9. If limited liability company, list name, address, and date of birth of members and manager: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**CORPORATION INFORMATION**

10. If corporation, list name: \_\_\_\_\_

11. If corporation, list names, addresses, and dates of birth of:

President \_\_\_\_\_

Vice-President \_\_\_\_\_

Treasurer \_\_\_\_\_

Secretary \_\_\_\_\_

Director \_\_\_\_\_

Director \_\_\_\_\_

12. List all stockholders owning 10% (or more) of the issued stock:

Name	Address	Date of Birth	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. If stock is pledged, state name and address of person or entity to whom pledged and terms thereof. If additional space is needed, use separate sheet. Attach copies of articles of incorporation and certificate of good standing from the State of NH. (If new corporation, attach certificate and articles of incorporation and organizational minutes.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. List any other persons who have a direct or indirect financial interest in this business and the percentage of their interest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Has the corporation, any officer, director, manager, stockholder owning or controlling 10% or more of the corporation, member, entity, or person having an interest in the business been adjudicated bankrupt, entered into a "Wage-Earner Plan" pursuant to Chapter XIII of the Federal Bankruptcy Act, or made a general assignment for the benefit of creditors during the past three years?

( ) Yes ( ) No If yes, please explain on separate sheet.

16. Has a judgment based on fraud ever been entered against the applicant, any officer, director, manager, partner, or stockholder owning or controlling 10% or more of the corporation, member, entity, or any person having an interest in the business?

( ) Yes ( ) No If yes explain.

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17. Has the applicant, manager, partner, officer, director, or stockholder ever held a pawnbroker's license?

Yes ( ) ( ) No If yes, complete the following.

Name of licensee: \_\_\_\_\_

Relationship to this applicant: \_\_\_\_\_

Dates licensee was held: \_\_\_\_\_

City and state where license was held: \_\_\_\_\_

18. Has the applicant, manager, partner, officer, director, or stockholder ever been denied a pawnbroker license?

( ) Yes ( ) No

19. Name of person denied a license: \_\_\_\_\_

20. Relationship to this applicant: \_\_\_\_\_

21. Date of denial: \_\_\_\_\_

22. City and state where denied: \_\_\_\_\_

23. Reason for denial: \_\_\_\_\_

24. Has the applicant, manager, partner, officer, director, or stockholder ever had a pawnbroker license suspended or revoked?

( ) Yes ( ) No If yes, complete the following:

Name of person with suspended or revoked license: \_\_\_\_\_

Relationship to this applicant: \_\_\_\_\_

Dates of suspension or revocation: \_\_\_\_\_

City and state of suspension or revocation: \_\_\_\_\_

Reason for suspension or revocation: \_\_\_\_\_

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**PROPERTY INFORMATION**

25. Is the building owned or leased?

26. Name and address of the owner of the building in which the premises is located:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Is the land owned or leased? \_\_\_\_\_

28. Name and address of the owner of the land upon which the building is located:

\_\_\_\_\_  
\_\_\_\_\_

29. Attach a copy of deed, lease, or other document showing applicants right to possession of premises.

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

Signature of Town Clerk \_\_\_\_\_ Date \_\_\_\_\_

Documents Received With Application:

Certified Criminal Record(s) ( ) yes ( ) no

Proof of LEADS Online ( ) yes ( ) no

Signature of Police Chief or Designee \_\_\_\_\_ Date \_\_\_\_\_



