



3

**Daily Business Operator: (if other than owner) (Valid Government Issued Photo ID Required)**

\_\_\_\_\_

Full Name of Daily Business Operator

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Residence (No P.O. Box)

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

Residence Phone (include area code)

\_\_\_\_\_

Cell Phone (include area code)

\_\_\_\_\_

E-mail Address

4

**NOTE:** If the owner or operator is a partnership, corporation, D.B.A. or other business entity, set forth the following information for all of the principals of the business (attach additional sheets if necessary):

\_\_\_\_\_

Name of Business Entity

\_\_\_\_\_

Full Name

\_\_\_\_\_

Title

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Home Address

\_\_\_\_\_

Phone Number

\_\_\_\_\_

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5

Do you currently, or have you ever, operated any other business in the County of Ontario which was required to obtain a Certificate of Use, Business Permit or State or Local License? (attach additional sheets if necessary)

Yes No If "YES", please list below:

\_\_\_\_\_

Name of Business

\_\_\_\_\_

Type of Certificate/Permit/License

\_\_\_\_\_

Business Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

6

**Property Owner:**

\_\_\_\_\_

Full Name of Property Owner

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Residence (No P.O. Box)

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

Residence Phone (include area code)

\_\_\_\_\_

Cell Phone (include area code)

7

**Identity of employees if more than 5 (attach additional sheets if necessary)**

Name: Last, First, Middle Initial

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8

Has the owner or operator had any previous involvement with any other pawn shop, secondhand dealer store or jewelry and coin exchange?

Yes  No

**If "YES", please provide the following information for each:**  
*(attach additional sheets if necessary)*

\_\_\_\_\_  
Name of Owner or Operator

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Dates Involved

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

9

In the past two years has the business, business owner or manager had a pawnshop, secondhand dealer or jewelry and coin exchange dealer's license or permit denied, suspended or revoked in this or any other jurisdiction?

Yes  No

**If "YES", please provide the following information for each:**  
*(attach additional sheets if necessary)*

\_\_\_\_\_  
Name of Owner or Operator

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Date of Denial/Suspension or Revocation

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Brief Explanation/Reason for the denial/suspension or revocation:  
\_\_\_\_\_  
\_\_\_\_\_

Has the business owner / operator / manager been convicted of a crime?

Yes  No

**If "Yes" has relief for conviction been sought / granted and identify type of relief -**  
\_\_\_\_\_  
\_\_\_\_\_

**\*Note - Please stop here the remainder of the application will be completed during the personal interview**

## ACKNOWLEDGMENTS

10

I understand and acknowledge that completion and submission of the application does not constitute a valid license/permit and that operation of my business is not permitted until my application has been approved and the license issued by the Ontario County Sheriff.

\_\_\_\_\_ (Initial)

11

I understand and acknowledge that the license holder and/or their employees shall operate the business so that it is not a source of disruption or disorder in and around the area where the business is located and shall cooperate with any and all investigations relative to the business.

\_\_\_\_\_ (Initial)

12

I understand and acknowledge that the applicant and/or operator shall maintain all licenses required for the operation of the business and shall notify the Ontario County Sheriff's Office in writing of any change in status of said licenses.

\_\_\_\_\_ (Initial)

13

I understand and acknowledge that licenses are not transferable and that prior to changing the name, type, location or ownership and/or management of the business, the applicant and/or operator shall notify the Ontario County Sheriff's Office .

\_\_\_\_\_ (Initial)

14

I understand and acknowledge that licenses issued by the Ontario County Sheriff are annual licenses, licenses expire automatically 1 year from date of issuance. I understand I must apply for a renewal license prior to the expiration of the license. It is recommended that this be completed at least 21 days prior to the expiration.

\_\_\_\_\_ (Initial)

15

I understand and acknowledge that as the owner/operator of a licensed business, I shall not operate the business or permit any occupancy beyond the hours set forth by law, which are 8am to 11pm.

\_\_\_\_\_ (Initial)

16

I understand and acknowledge that I am responsible for knowing and obeying, and ensuring that my employees know and obey, applicable laws and rules as contained in the Local Laws of the County of Ontario, including Local Law 6, as well as any applicable village, town, state and Federal Laws. I acknowledge that I have been provided a copy of Ontario County Local Law 6.

\_\_\_\_\_ (Initial)

**NOTICE**

**Pursuant to Penal Code §210.45 it is a crime punishable as a Class A Misdemeanor under the laws of the State of New York for a person, in and by written instrument, to knowingly make a false statement or to make a statement which such person does not believe to be true.**

I acknowledge that all the information contained in this application is correct, to the best of my knowledge, and I understand that making false statements on this application may result in the denial or revocation of the license issued by the Ontario County Sheriff.

**SUBSCRIBED AND SWORN TO BEFORE ME**

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PRINT NAME OF INVESTIGATING OFFICER

\_\_\_\_\_  
SIGNATURE OF INVESTIGATING OFFICER

**OFFICE USE ONLY**

**ONTARIO COUNTY SHERIFF'S OFFICE**

Criminal Check:       Application Fee:       Zoning:       Fire:

Applicant Contact:    In Person:       Telephone:

Inspection of Premises:

Approved:       Denied:       Conditionally Approved:

**License No.** \_\_\_\_\_

\_\_\_\_\_  
Investigating Officer Signature

\_\_\_\_\_  
Phillip C. Povero      Date  
Ontario County Sheriff