

Township of Edison

Middlesex County

CHERYL RUSSOMANNO
ACTING TOWNSHIP CLERK



MUNICIPAL COMPLEX
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Edison, NJ 08817
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Fax: 732-248-3738
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Application for License for Pawnbrokers/Precious Metals and Gem Business

This application must be answered completely and truthfully. Incomplete applications will not be processed. Applicants will be advised by the Edison Police Department as to fingerprinting. The Chief of Police or his designee may request additional information if he so desires. A non-refundable application fee of \$100.00 required. All licenses expire on December 31st of each calendar year. (Checks are to be made payable to Edison Township).

Check One: New Applicant: _____ Renewal: _____

Business Name: _____

Business Address: _____

Business Phone#: _____

Hours of Operation: _____ Date of Event (if applicable) _____

Applicant's Full Name: _____

Applicant's Address: _____

Applicant's Phone Number: _____ Applicant's SS #: _____

Date of Birth: _____ Gender: Male _____ Female _____

Provide the following information on all current principals/stockholders of said business:
Name/Home Address/Home Phone #

List business and home address of all principals/stockholders of the business for the past five years:

The applicant certifies that no principal herein named has any arrests or convictions of any crimes. (In cases of a corporation, said certification shall apply to all stockholders). If there is an arrest or conviction record, same must be disclosed below: Name/Home Address & Date(s) and Nature of Arrest/Conviction

Provide names, addresses and telephone numbers of three (3) business references:

1. _____	Phone # _____
2. _____	Phone # _____
3. _____	Phone # _____

Attach a photograph of the person who will manage the day-to-day operation of the business and that individual must also agree to be fingerprinted.

I hereby certify that I have fully and truthfully completed this application and will abide by all laws of the State of New Jersey and ordinances of the Township of Edison.

Signature of Applicant

(If a corporation, the President shall sign)
(If a partnership, the managing member shall sign)

Print name: _____

Date: _____
