



Dealers in Used Merchandise License Application

(For office use only)
License #:

Permit Application Center

City Hall / 555 Liberty St. SE / Room 320 / Salem, OR 97301-3513
503-588-6256 * baspac@cityofsalem.net

If you need help understanding this information, please call 503-588-6256.

Si necesita ayuda para comprender esta información, por favor llame 503-588-6256.

License information

| | |
|--------------------------------------|--|
| Type of dealer | Junk dealer Pawnbroker Secondhand dealer |
| Brief description of business | |

Applicant information

| | Applicant | Employer |
|------------------------|-----------|----------|
| Name | | |
| Home address | | |
| Mailing address | | |
| Phone number | | |
| Email address | | |

I have attached a list of names and addresses of all principals, partners, corporate officers, and stockholders holding more than 10% of voting stock. Not applicable Yes, list attached

Business addresses in Oregon

| Business name | Business address |
|---------------|------------------|
| | |
| | |

Background information (If necessary to answer any question completely, please attach an additional page.)

| | | |
|--|--|---|
| Have you ever been ARRESTED for other than a minor traffic violation? | No | Yes (state crime, arresting agency and date): |
| Have you ever been CONVICTED for other than a minor traffic violation? | No | Yes (state crime, arresting agency and date): |
| List any PROBATION violations within the last 10 years (If necessary, please attach an additional page.) | | |
| List every alias, assumed name and previous name | | |
| Applicant description and background | Sex: Marital Status: Date of birth: State of birth: | Height (feet/inches): Weight (lbs): Color of eyes: Hair color: |

| | | |
|----------------------------------|----|-----|
| Identifying scars or marks | | |
| Driver's license number | | |
| Are you a United States citizen? | No | Yes |

Places of residences during the past 10 years (If necessary, please attach an additional page.)

| Address | City | State | Dates |
|---------|------|-------|-------|
| | | | |
| | | | |
| | | | |

Places of employment during the past 5 years (If necessary, please attach an additional page.)

| Employer | Address | Phone | Dates |
|----------|---------|-------|-------|
| | | | |
| | | | |
| | | | |

Character references, not related to you, residing locally (list at least 3)

| Name | Address | Phone |
|------|---------|-------|
| | | |
| | | |
| | | |

Terms and conditions

Correct information: I certify I have read and examined this application and know the same to be true and correct. I certify that I have knowledge of the provisions of the Code governing the license for which I am applying.

Electronic signature certification: By attaching an electronic signature (whether typed, graphical or free form) I certify herein that I have read, understood and confirm all the statements listed above and throughout the application form.

I agree (initials): _____

Authorized Signature: _____

Print Name: _____ Date: _____

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| | Date | By | Record checked by: |
|------------------------------|------|----|--|
| Fingerprints | | | SPD FBI MVR Oregon State Police County Other: _____ |
| Photograph | | | |
| Returned to license division | | | |
| Approved | Yes | No | |

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Received by: _____ Date: _____
 Issued by: _____ Date: _____

To submit:
 Save the file to your computer and email to baspac@cityofsalem.net.