

TOWN OF LISBON

PAWNBROKER APPLICATION

Fee: \$250.00  
Additional Fee: \$25.00  
per name over four

1. Owner: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Owner's Home Address: \_\_\_\_\_

Residence(s) for last three years: \_\_\_\_\_

2. Name of Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Location of Business: \_\_\_\_\_

3. List Owners/Members/Partners/Officers/Directors/Stockholders/Managers/Supervisory Personnel/  
or other participants:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Addr: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Addr: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Addr: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Addr: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Addr: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Addr: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_

\_\_\_\_\_ Check here if you have attached a list on a separate piece of paper of names or additional names that  
apply.

Attach information for the following as required by ordinance:

- \_\_\_\_\_ A description of the form of ownership of the business enterprise together with attested copies of the **organizational documents** of the business entity (i/e) articles of incorporation and by-laws if a corporation, partnership agreement if a partnership, articles of association and by-laws if an association, LLC filings and managing agreement if an LLC. Etc.).
- \_\_\_\_\_ Evidence of an interest in the premises in which the pawnbroker establishment will be sited, together with the form of interest, along with the **written consent of the owner of the premises** for such use if the applicant is not the owner.
- \_\_\_\_\_ A **release** authorized by 16 M.R.S.A Section 620(6) (Criminal History Record Information Act) for each individual identified in subsection 10-505(b)(2) of the Lisbon Code to allow access to inspect Criminal History Record Information (listed in question 3 above).
- \_\_\_\_\_ Evidence of compliance with the requirements of Section 10-511 through 10-513 and evidence that the standards for approval listed in Section 10-510 have been met.
- \_\_\_\_\_ Any other information that the Town Manager or the Town Clerk, upon review of the completed application and submissions, may deem necessary in order for the Town Council to determine that the applicant complies with all of the regulations and requirements of this article.

Answer information for the following as required by ordinance:

- \_\_\_\_\_ The date of initiation of the business use if in operation at the time of adoption of this article and application for license:  
\_\_\_\_\_

- \_\_\_\_\_ A statement as to the precise nature of the business with a description of the nature of all products and services offered to its customers:  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_(name) \_\_\_\_\_(title) is authorized to sign on behalf of said business, and further declare that the foregoing information is accurate and true to the best of my knowledge and belief, and that the applicant does hereby acknowledge and authorized a public records check to be conducted on all individuals listed under Questions 1 & 3 above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* \* \* \* \*

*The Council is the Municipal Licensing Board. All applications require a public hearing each time. Public records checks can take up to three or more weeks to process. Complete applications contain the Police & Fire Chiefs, CEO, Assessor, and Health Officer's signature and required attachments. The Council meets on the first and third Tuesdays of the month. Complete applications and paid application fees are required prior to the Council meeting. Meetings are held at the Town Hall at 7PM in the conference room. Contacts that may be helpful are:*

353-3000 Ext 112... Town Clerk	287-2336 .....State Sales Tax Division
353-3007..... Town Office Fax	287-4190.....Bureau of Corporations
353-3000 Ext 111... Dep. Code Enforcement Officer	624-8745.....Bureau of Alcohol Beverages
353-2500..... Police Department	287-3841.....Agriculture Dept– Bakery Licenses
353-4385..... Health Officer AFTER 5PM	624-6550.....Marine Resources
287-5671..... Health Engineering Dept.	287-2338.....Dept of Labor (Seller's Certificates)

***Ad to appear in Newspaper 10 days prior to the scheduled Public Hearing – cost included in \$250 fee.***

## INSPECTIONS REQUIRED BELOW

Please make appoints and obtain the following signatures

I, \_\_\_\_\_ the **Building Inspector** have inspected the location or the proposed location to determine whether the establishment complies with all applicable Town Ordinances including, but not limited to, the building code, electrical code, and plumbing code, and have attached a report of findings in writing to the Town Clerk if applicable.

\_\_\_\_\_ check here if findings are to be attached.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I, \_\_\_\_\_ the **Code Officer** have inspected the location or the proposed location to determine whether the applicable ordinances relating to land use issues and building and safety codes issues have been satisfied and have attached a report of findings in writing to the Town Clerk if applicable.

\_\_\_\_\_ check here if findings are to be attached.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I, \_\_\_\_\_ the **Health Officer** have inspected the location or proposed location to determine whether all applicable ordinances relating to health and safety have been satisfied and have attached a report of findings in writing to the Town Clerk if applicable.

\_\_\_\_\_ check here if findings are to be attached.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I, \_\_\_\_\_ the **Fire Chief** or his/her agent have inspected the location or proposed location to determine if all Town ordinances and any other applicable regulations concerning fire and safety have been satisfied and have attached a report of findings in writing to the Town Clerk if applicable.

\_\_\_\_\_ check here if findings are to be attached.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## APPLICANT MUST HAVE COMPLETED TO HERE BEFORE FILING

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I, \_\_\_\_\_, the **Police Chief** or his/her agent have investigated the application, including the criminal history record information required under subsection 10-505(b)(2) and have attached a report of findings in writing to the Town Clerk if applicable.

\_\_\_\_\_ check here if findings are to be attached.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_