CITY OF NEW ORLEANS
Finance Department/Bureau of Revenue
Application for Mayoralty Permit For Secondhand Dealer/Pawnshop

Date:_____

Account Number: |__|__|__|__|__|__|__|__|__|__|

This form is to be made in triplicate for each individual business location: (Original-Dept. of Finance; Duplicate N.O.P.I Pawnshop Unit, CIB, Triplicate-Applicant Copy)

I/We do hereby make application to the Bureau of Revenue, Department of Finance, City of New Orleans, for Mayoralty Permit for a "Second Hand Jewelry Dealer". I accept the fact that this permit is non-transferable. I submit the following as a basis for the issuance of same:

Trade Name of Business:_____

Business Permit Location:_____
ADDRESS CITY ST ZIP

Business Phone: (_____)_____ Type of Ownership Please Check One Only:

SOLE PROPRIETORSHIP☐ PARTNERSHIP ☐ LA CORPORATION ☐ FOREIGN CORPORATION ☐

IF SOLE PROPRIETORSHIP, Please State The Following:

Name of Proprietor:_____ Home Phone: (_____)_____

Home Address:_____ City_____ ST |__|__| Zip:_____

MALE ☐ FEMALE ☐ Date of Birth: |__|__|__|__|__|__| State: |__|__| Race:_____

Social Security #: _____-_____-_____ Driver's Lic. #:_____ ST: |__|__|

IF PARTNERSHIP, Please State The Following:

Partner's Name:_____ Home Phone: (_____)_____

Home Address:_____ City_____ ST |__|__| Zip:_____

MALE ☐ FEMALE ☐ Date of Birth: |__|__|__|__|__|__| State: |__|__| Race:_____

Social Security #: _____-_____-_____ Driver's Lic. #:_____ ST: |__|__|

Partner's Name:_____ Home Phone: (_____)_____

Home Address:_____ City_____ ST |__|__| Zip:_____

MALE ☐ FEMALE ☐ Date of Birth: |__|__|__|__|__|__| State: |__|__| Race:_____

Social Security #: _____-_____-_____ Driver's Lic. #:_____ ST: |__|__|

IF CORPORATION, Please State The Following:

President's Name:_____ Home Phone: (_____)_____

Home Address:_____ City_____ ST |__|__| Zip:_____

MALE ☐ FEMALE ☐ Date of Birth: |__|__|__|__|__|__| State: |__|__| Race:_____

Social Security #: _____-_____-_____ Driver's Lic. #:_____ ST: |__|__|

Vice President's Name:_____ Home Phone: (_____)_____

Home Address:_____ City_____ ST |__|__| Zip:_____

MALE☐ FEMALE ☐ Date of Birth: |__|__|__|__|__|__| State: |__|__| Race:_____

Social Security #: _____-_____-_____ Driver's Lic. #:_____ ST: |__|__|

Secretary's Name:_____ Home Phone: (_____)_____

Home Address:_____ City_____ ST |__|__| Zip:_____

MALE☐ FEMALE☐ Date of Birth: |__|__|__|__|__|__| State: |__|__| Race:_____

Social Security #: _____-_____-_____ Driver's Lic. #:_____ ST: |__|__|

Treasurer's Name: _____ Home Phone: (_____)_____

Home Address:_____ City_____ ST |__|__| Zip:_____

MALE ☐ FEMALE ☐ Date of Birth: |__|__|__|__|__|__| State: |__|__| Race:_____

Social Security #: _____-_____-_____ Driver's Lic. #:_____ ST: |__|__|

-TURN OVER-

Authorized Agent for Service of Process:

Agent's Name_____ **Home Phone:** (_____)_____

Home Address:_____ **City**_____ **ST** |___|___| **Zip:**_____

MALE ☐ **FEMALE** ☐ **Date of Birth:** |___|___|___|___|___|___| **State:** |__|__| **Race:**_____

Social Security #: _____-_____-_____ **Driver's Lic. #:**_____ **ST:**|___|___|

My principal business: Is_____ Is not_____ a Second Hand Jewelry Dealer. If not, Describe principal business at location:_____

Are any persons named in the application as permittees (whether sole proprietor, any partner, or corporate officer) acting for any third party or have executed any agreements, verbally or in writing or counter letters, granting any rights of ownership, or interest to any other person or persons not disclosed in this application? Answer "Yes" or "No"_____.

Has the applicant or any of the parties listed on this application whether Sole Proprietor, any Partner, or any Corporate Office been convicted of either a FELONY under the laws of the United States or Louisiana; or of a local Misdemeanor that is related to the applicant's business within the previous five(5) years? Answer "Yes or "No" _____.

I/We agree to abide by all City, State, and Federal laws and regulations. It is understood and agreed that any misstatement or suppression of facts shall be grounds for refusal of the permit applied for or revocation of same if already issued.

Signature:_____ Date:_____

Signature:_____ Date:_____

Signature:_____ Date:_____

Signature:_____ Date:_____

Signature:_____ Date:_____

State of Louisiana/Parish of Orleans

Before me, the undersigned Notary Public, personally came and appeared _____, _____, _____, _____, the appearer in the above and foregoing instrument, who declared under oath to me, Notary, that he (she) prepared and signed the above application for Mayoralty Permit by the business applicant stated herein, and that the signature(s) appearing thereon is his (her) own, of his (her) own free and voluntary act, and is for the intent and purposes therein expressed, and that he(she) swears that the information given and all answers therein are true and correct.

Sworn to and subscribed before me this _____ day of _____, 19_____

_____
Notary Public

FOR OFFICE USE ONLY

The above permit request was received by _____ **on** _____ **(Date)**
counter clerk

1). It is executed correctly in all respects on _____ **(Date)**

2). That is was returned to the applicant because of errors or omissions on _____ **(Date)**

3). That is was returned correct in every respect on _____**(Date)**

Signed:_____
(counter clerk)

Inter-Departmental Approvals have been received from:

Police Dept.Criminal Investigations Bureau "Pawnshop Unit"approved ☐ **disapproved** ☐

_____ _____
Date Forwarded **Date Returned**

Application and all required data reviewed and ascertained by _____
(Signature)

Application approved and permit issued: Date_____

By: _____
(Signature)

PERMIT #:_____