

**CITY OF REVERE
OFFICE OF THE LICENSE COMMISSION**

Fee: _____
____ New Application
____ Renewal
____ Amend

APPLICATION FOR A SECONDHAND DEALER LICENSE

NO BUSINESS MAY OPERATE WITHOUT A VALID LICENSE ON THE PREMISES

Licensee Name _____

DBA _____

Business Address _____

Business Telephone Number _____ Email _____

Mailing Address (if different) _____

Type of secondhand articles to be sold _____

Hours/Days of Operation _____

Owner _____

Date of Birth _____ Tax I.D. # _____

Home Address: _____

Home Telephone# _____ Email _____

Manager's Name _____

Home Address _____

Preferred Contact Information _____

Name of Property Owner _____

ASSESSORS MAP/BLOCK/PARCEL# MAP _____ BLOCK _____ PARCEL _____

Do you or any members of the above business/corporation have any criminal convictions?

If so, please describe: _____

Signature of Applicant(s) _____ Date _____

I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required under law

Print Name _____ Signature of applicant _____

Tax I.D. # _____ Date: _____

ALL QUESTIONS MUST BE ANSWERED; ANY FALSIFICATION OF THE FOREGOING INFORMATION WILL LEAD TO IMMEDIATE DENIAL/REVOCAION.

Approved: _____ **Denied:** _____