

City of Albany Secondhand Dealers and Transient Merchants Application

Albany Police Department • 2600 Pacific Boulevard SW Albany, OR 97321 • 541-917-7680

All blanks must be filled in. If the question does not apply to you, place N/A (not applicable) in the space. If additional space is needed to answer any questions, use additional paper or the reverse side of this form.

1.	Check One:	New Application Additional Location							
2.	To be issued to: _								
		(Name of Owner, Partners or Corporation)							
3.	Check One: Inc (See Requirement	dividual Proprietors : #11)	ship 🗌	Partne	rship 🗌	Corporation 🗌	LLC 🗌		
5.	Business Name: _								
6.	Business Address:	(Street No.)	(City)		(State)	(Zip Code)			
	Is this property:	Owned R	ented/Lease	d 🗌					
	If the business address is leased or rented, give the name and address of the property owner:								
	***If property isn't owned, a true and complete copy of the executed lease or rental agreement must be attached to the application.								
7.	Business Phone:		Emergency P	hone: _		Fax No.:			
	Business Email Ad	dress:							
8.	Mailing Address (if different than the Business Address):								
9.	Hours of Operation	n: Weekdays: Weekends:							
10.	Explain the exact	nature of business	to be operate	ed:					

Name:					
Title:					A 10 10 10 10 10 10 10 10 10 10 10 10 10
Address:	11 1/4/2		, Andrews		
City, State, Zip	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and delayed			
Occupation					
Telephone					
Date of Birth					
Percentage of owr	nership:	and the same of th			1000
List any criminal co	onvictions:				
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Name:					
T'ala.					
Title:					
Address:			A COMPANIE		
City, State, Zip					
Occupation					
Telephone					
Date of Birth					
Percentage of owr					
List any criminal co	onvictions:	***************************************			
Name:					
				1444	
Title:					
Address:				and the second s	
City, State, Zip					
Occupation				. A.V. 17	
Telephone					
Date of Birth					
Percentage of owr	nership:				
List any criminal c					
Date and State of	Organization or Inc	corporation:			15-14-5-2-74-4-11-11-7
Have you ever ha	d a Secondhand Dea	alers nermit or lic	ense refused, su	spended or revo	ked in this or any

14. If you had a Secondhand Dealer's permit refused, suspended or revoked, list your subsequent business activit or occupation.
.5. Please provide a detailed description of your previous Secondhand Dealer activities in this or any city with a similar permit.
6. Do you conduct online sales? If so, please provide web pages or addresses and internet auction account names under which there are sales of regulated property:
17. If an alarm system is installed, provide the City of Albany alarm permit number:
Corporation Certificate / Articles of Organization/Membership Certificates
Please include a copy of the Corporation Certificate, Articles of Organization and/or Membership Certificates, Stocl Certificates and Articles of Incorporation with this application.
ssuance of a City of Albany Secondhand Dealer License does not relieve the licensee from the obligation to meet a other applicable federal, state and local laws and regulations.
The undersigned hereby states that the statements made in this application are true and correct to the best of his/her knowledge and belief and that this statement is executed with the knowledge that any false statement, misrepresentation, or failure to reveal information requested may be deemed sufficient cause for refusal to issue, for suspension or for revocation of the special license.
Signature
Title
Date
For Office Use Only
Approved Denied
APD Representative Signature

Authority for Release of Information Secondhand Dealer Applicant Background Check

l,		
am an authorized representative of:		
(Name of Secondhand Dealer Busine	ess)	
A Secondhand Dealer applying to con	duct business within the City of Albany,	Oregon.
conduct a criminal background check	hereby authorize Albany Police Departm of the listed business. I understand that d federal databases as part of this backg	t Albany Police Department
(Applicant Signature)	(Date)	
MUST BE	E SIGNED IN THE PRESENCE OF A NOTAR	ΥΥ
A photocopy of this release form will be valid writing of my signature. This release shall be	d as an original hereof, even though said photoco e valid for (12) months from the date I sign it.	opy does not contain an original
State of:		
County of:		
This instrument was acknowledged be	efore me on	, 20
by	·	
	Notary Public for the State of Oregon	
	My Commission Expires:	

Notary Public present at Albany Police Department, Mon. – Fri., 8:00 am – 4:00pm except on holidays.