

Return To: City of Concord
Code Administration
Health Services
37 Green St
Concord, NH 03301



Permit #: _____
Check #: _____
Fee \$250.00
Make checks payable to
CITY OF CONCORD

Coins/Jewelry or Cash for Gold License Renewal

Applicant Information

Company Name:	_____	Phone:	_____
Company Address:	_____		
	<i>Street Address</i>		<i>Unit #</i>
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Owner Name:	_____		
Owner Email:	_____	Phone:	_____
Company Phone:	_____		
Manager Name:	_____	Phone:	_____
Email:	_____		

Operation Information

Address (If Different From Above)	_____	_____	_____	_____
	<i>Street Address</i>	<i>Unit #</i>	<i>City/State</i>	<i>ZIP Code</i>
Dates of Operation From:	_____	To:	_____	
Hours of Operation From:	_____	To:	_____	

Additional Information

Original Criminal Record Attached	YES <input type="checkbox"/> NO <input type="checkbox"/>
Cash for Coins/Jewelry	YES <input type="checkbox"/> NO <input type="checkbox"/>
Cash for Gold	YES <input type="checkbox"/> NO <input type="checkbox"/>

Licensee must adhere to all Local, State, and Federal Regulations and conditions set forth by other agencies for operation regarding Pawnbrokers, Pawnshops, Second Hand Dealers and Cash for Gold.

License Expires one (1) year from date of issue

and may be revoked for just case RSA 398:3 or 398:14, City of Concord Ordinance Chapter 15 Article 15-2-6.

Disclaimer and Signature

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature:	_____	Date:	_____
Police Department:	_____	Date:	_____
Health & Licensing Officer:	_____	Date:	_____