



Office of the City Clerk  
 255 Main Street, White Plains, NY 10601 (914) 422-1227

## APPLICATION FOR COLLATERAL LOAN BROKER LICENSE

In order to file you will need:

- This completed application with notarized signature
- \$10,000 Bond or certified check in favor of City of White Plains
- Payable to the City of White Plains, a yearly license fee of \$200.00 money order, and an additional \$75.00 money order for fingerprinting (see below)..
- **Please Note:** Each individual must complete the section "Interested Parties " (3 pages). Each individual must submit three (3) current passport photos, and be fingerprinted by the White Plains Police Department prior to filing this application. The money order payable to City of White Plains in the amount of \$75.00 per individual must be given to the Police Department for each fingerprinting in addition to any processing fees.

Please note: Under the White Plains Municipal Code Section 4-13-6 and applicable provisions of Section 47 of the New York State General Business Law, it shall be unlawful for any person to operate a combined secondhand dealer/collateral loan broker shop in the City of White Plains.

This application is for a license to carry on the business of Collateral Loan Broker in White Plains, New York, subject to all Local Laws, Ordinances and Resolutions pertaining to this subject now in force or hereafter to be adopted by the Common Council of the City of White Plains, or any Board or Department of said City.

**INDIVIDUAL MAKING APPLICATION:** \_\_\_\_\_

<b>BUSINESS</b>	
Legal Entity Name:	D/B/A:
Address	City & State
<b>Please note the street and number where applicant proposes to carry on the business will be stated in license and licensee will not be permitted to change said location to any other place without permission of the Common Council of the City of White Plains.</b>	
Business Telephone(s)	Cell Phone(s)
Type of Business (i.e., firm, partnership, association, corporation, etc.) _____	

**ALL INTERESTED PARTIES:**

List all names and addresses of applicant's partners, both general and limited, officers, directors, and stockholders owning more than five percent (5%) of the outstanding stock of the corporation, and business manager, (attach additional sheets if necessary).

Name

Social Security No.

Date of Birth

Address

City &amp; State

Have you, applicant or any partner, both general and limited, officers, directors, and stockholders owning more than five percent (5%) of the outstanding stock of the corporation, and business manager, been convicted of any crime, (felony or misdemeanor), or any violation of any municipal ordinance?

YES ( ) NO ( )

If yes, please list (list all; attach more sheets if necessary):

Nature of offense

Punishment or penalty received

Individual agrees to comply with all local laws, ordinances, rules and regulations of the City of White Plains pertaining to the operation of a business or occupation.

YES ( ) NO ( )

Individual has not been refused any license or had a license revoked within the last nine (9) months of the date of this application.

YES ( ) NO ( )

Date of refusal or revocation

For a license to operate a business of Collateral Loan Broker, I hereby consent to inspection of the premises by a Code Enforcement Officer or any person(s) authorized to do so by the City of White Plains.

YES ( ) NO ( )

STATE OF NEW YORK            )  
COUNTY OF WESTCHESTER   ) ss.:

The undersigned, deposes and says, under the penalties of perjury, that he/she is the individual who has provided the answers to the foregoing questions and other statements contained therein are true to the best of his/her knowledge.

False statements made herein are punishable pursuant to Section 210 of the New York State Penal Law.

DATED: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature

STATE OF NEW YORK            )  
COUNTY OF WESTCHESTER   ) ss.:

On the \_\_\_\_\_ day of \_\_\_\_\_ in the, year 20\_\_ , before me, the undersigned, a Notary Public in and for said State, personally appeared personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that (s)he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed this instrument.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Notary Public

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

\_\_\_\_\_  
Insert name of business

In connection with the above named business application for a City of White Plains, New York Collateral Loan Broker License, (Pawnbroker License), I the undersigned, do hereby authorize any and all documents, papers, photographs, statements, docket sheets, and records, whether in paper, electronic, digital or other former format, hereinafter as "Records", concerning myself, which may be in possession of the Public Safety Department of White Plains, White Plains City Court, other City Department, bureau, commission or board, or New York State Division of Criminal Justice, and review of such by document by the White Plains Public Safety Department, or such other authorized City official, and I further expressly authorize said Records may be disclosed by said member(s) to such other City of White Plains employees, including, but not limited to the City Clerk, as said Public Safety deems necessary and appropriate for the processing and consideration of the Application, whether the said Records are of public, private or confidential in nature.

In connection with the Application for a pawnbroker license, I hereby release the City of White Plains, the City of White Plains Clerk's Office, the City of White Plains Public Safety Department and/or other officers, employees and agents from any liability and responsibility arising from the preparation of a background investigation report. I further agree to defend and indemnify the City of White Plains, all its agents, employees, officers, assigns and officials, from any damage, loss, injury, claim, cause of action, suit, or proceeding, which may be commenced by myself or any other third party as a result of the City of White Plains accessing, reviewing and disclosing my Records in connection with the consideration of this Application for said license, unless said damage, loss, injury, claim, cause of action, suit or proceeding is caused by the City's gross negligence or willful misconduct.

I authorize all persons, businesses, corporations, courts and law enforcement agencies to release information including matters of opinion about my character, ability and past conduct. I authorize these agencies to release such information without restrictions or qualification.

I understand that any information obtained by a personal history background investigation, which is developed in whole or in part upon this release authorization, will be considered in determining suitability in obtaining approval of the Application.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A PHOTOCOPY OF THIS RELEASE WILL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAME PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

I have read and fully understand the contents of the "Authorization for Release of Personal Information."

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

Public Safety Verification		
The credentials of the applicant(s), principal(s) and/or partner(s) of the business have been checked by the White Plains Department of Public Safety, and based upon the information provided by said Department, the license is:		( ) Approved ( ) Disapproved
Name	Title	Date

Building Department	
The premises for applicant's business are:	( ) Approved ( ) Disapproved
The premises for were not approved for the following reason(s)	

Certificate of Sealer of Weights and Measures	
Applicant has provided a Certificate from the sealer of weights and measures of the County of Westchester certifying that all weighing and measuring devices to be used by the applicant have been examined and approved pursuant to law:	YES ( ) NO ( )

License Information			
I hereby fix the license fee for the above license at the sum of two hundred dollars \$200.00 money order payable to the City of White Plains filed with the City Clerk, and a separate \$75.00 money order payable to the City of White Plains and filed with the Public Safety Department.			
Issued	Expires	City Clerk's Signature	Date