

**TOWN OF ROTTERDAM TOWN CLERK  
JOHN F. KIRVIN GOVERNMENT CENTER  
1100 SUNRISE BLVD.  
SCHENECTADY, NEW YORK 12306  
TELEPHONE (518) 355-7575 ext. 352**

**APPLICATION FOR GENERAL LICENSE FOR  
SECONDHAND DEALERS  
Mail to: Diane M. Marco Town Clerk**

The following application must be completed in full, and the affidavit below must be properly executed and signed by the applicant before notary public. If applicant is a firm or corporation, the person filing on behalf of the corporate entity must be an officer of the company and the officer's official title must accompany the signature. Failure to comply will result in the application not being processed until completed in full.

**Application Fee: \$250.00 make out to the Rotterdam Town Clerk**

Name of Applicant: \_\_\_\_\_

Corporation or Partnership Name: \_\_\_\_\_

Applicant's Relationship to Corporation or Partnership: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Valid Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Driver License No: \_\_\_\_\_

Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you been known by any other name other than the one given on this Application?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ what name and why? \_\_\_\_\_

Length of time applicant has resided in the Town of Rotterdam: \_\_\_\_\_

Previous Employer(s), dating back ten (10) years: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, state where, when and nature of the conviction (attach documents or additional page(s) if necessary):

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Please describe in detail the character of the business in which you desire to engage (i.e., what articles described in Town code §229-1 the applicant will be purchasing and/or selling):

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Please list the address of the secondhand business, dates and length of time you will be operating (If the location changes, you must immediately notify the Town Clerk of the location, as a change may require zoning approval

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Please note how you have complied with any necessary site plan review pursuant to Town Code, Article XVII:

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Has any license been revoked or denied by any municipality in the last year?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, where: \_\_\_\_\_

State the grounds for denial: \_\_\_\_\_

Have you, either alone or with someone else, previously been involved or employed as a Secondhand Dealer?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, for how long: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I HAVE BEEN PROVIDED WITH A COPY OF THE SECONDHAND DEALERS CODE AND I AGREE TO ABIDE BY ALL PROVISIONS OF THE TOWN OF ROTTERDAM CODE AS IT PERTAINS TO THE LICENSE I HAVE APPLIED FOR BY AND THROUGH THIS APPLICATION.

Signature \_\_\_\_\_

Official Title \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says that he/she is the person signing the foregoing application and that the answers above are true in all respects and particulars.

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

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