



11. Please complete the following for: owner(s), principle(s), member(s), and managers of the business, and for all those holding 5% or more ownership interest in the business: *Attach additional pages if needed*

Name:	
Title:	
Address:	
City, State, Zip	
Occupation	
Telephone	
Date of Birth	
Percentage of ownership:	
List any criminal convictions:	

Name:	
Title:	
Address:	
City, State, Zip	
Occupation	
Telephone	
Date of Birth	
Percentage of ownership:	
List any criminal convictions:	

Name:	
Title:	
Address:	
City, State, Zip	
Occupation	
Telephone	
Date of Birth	
Percentage of ownership:	
List any criminal convictions:	

12. Date and State of Organization or Incorporation: \_\_\_\_\_

13. Have you ever had a Secondhand Dealers permit or license refused, suspended or revoked in this or any other city or state?      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state type of permit, date(s), location(s), and the reason for refusal, suspension or revocation.

\_\_\_\_\_

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14. If you had a Secondhand Dealer's permit refused, suspended or revoked, list your subsequent business activity or occupation.

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15. Please provide a detailed description of your previous Secondhand Dealer activities in this or any city with a similar permit.

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16. 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:

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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, Stock Certificates and Articles of Incorporation with this application.

Issuance of a City of Albany Secondhand Dealer License does not relieve the licensee from the obligation to meet all 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.

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Signature

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Title

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Date

**For Office Use Only**

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APD Representative Signature \_\_\_\_\_ Approved  Denied

**Authority for Release of Information  
Secondhand Dealer Applicant  
Background Check**

I, \_\_\_\_\_,  
am an authorized representative of:

\_\_\_\_\_  
**(Name of Secondhand Dealer Business)**

A Secondhand Dealer applying to conduct business within the City of Albany, Oregon.

For purposes of this application, I do hereby authorize Albany Police Department and any of its agents to conduct a criminal background check of the listed business. I understand that Albany Police Department may utilize a variety of local, state and federal databases as part of this background check.

\_\_\_\_\_  
**(Applicant Signature)**

\_\_\_\_\_  
**(Date)**

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY**

A photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature. This release shall be valid for (12) months from the date I sign it.

State of: \_\_\_\_\_

County of: \_\_\_\_\_

This instrument was acknowledged before 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.**