

NEW LONDON POLICE DEPARTMENT PERMIT APPLICATION FOR STATUTORILY MANDATED BUSINESSES



To: The Chief of Police, City of New London, Connecticut						
General Instructions:	Type of application: (Check all that apply) Billiard Hall					
 Print or type all entries 	Precious Metal Dealer Pawn Broker			_		
2. Use black Ink	Solicitor			Second Hand		
3. Use plain 8 ½ x 11 paper for additional s				Other:		
Official Use Only:	Background Investigation Fingerprints Taken: ☐ Yes ☐			Application Status:		
Application received:	FBI FP Check Clear: Yes [Approved Denied		
	SPBI FP Check Clear: Yes					
	NCIC Clear: Yes No					
Month Day Year	SPRC Clear Yes No	T	Authority			
Date of approval/den	1a1: 			Expiration date:		
Month Day Y	ear		Month	Day Year		
	Applicant Inf	formati	on			
Name:						
Last				Suffix		
		L L		──────── Middle		
List all other names by which you have bee	n known (Maiden name, Aliases	, Nicknames,	etc.)			
Date of birth: Sex:	Height:	Weigh	t:	Race:		
	F ft. in.		lbs.			
Month Dav Year		· LUL] 108.			
Place of Birth:	I			Social Security Number:		
City/town				REQUIRED		
Country Of Citizenship:			~~~~	Alien Reg. Number: (if applicable)		
(If other than U.S.A. you must attach a true copy of your	birth certificate or passport)					
Residential address (Street address only – P.O. Bo						
Number/Street						
City/town				Code		
Previous residential addresses over past se	ven years. (Any subsequent addre	ess changes n	nust be reported v	vithin 48 hours)		
1.						
2.						
Mailing address (If different from current residentic	al addrass)					
Training address (1) different from current residental	audress)					
Number/Street		الاالاال				
Number/su eet						
City/town		, اـــالــا،	State Zip			
Contact Telephone Number: Motor Vehicle Operators License Number Issuing State						
			الحالحالكا			

EMPLOYMENT HISTORY Current Employer:Hire Date						
Supervisor:	Office telephone number:					
	CDIMINAL HISTORY	7				
CRIMINAL HISTORY Have you ever been ARRESTED for any crime, in any jurisdiction, regardless of disposition? Yes No If "Yes" list all arrest, indicating charges, locations, dates of arrest and dispositions. If additional space is required attach separate sheet(s) of paper.						
Have you ever been CONVICTED in any court of any crime? Yes No If "Yes" List all convictions, indicating charges, locations, dates of arrest and dispositions. If additional space is required attach separate sheet(s) of paper.						
Are you currently on probation, parole, on work release, in an alcohol /drug treatment program or currently released on personal recognizance, a Written Promise to Appear or a bail bond for a pending court case? Yes No If "Yes" explain.						
	PERMIT HISTORY					
Have you previously applied for a similar permit in this or any other city/town? Yes No If "Yes," Have any of those permits been denied, suspended or revoked? Yes No If "Yes" explain.						
Denying authority:	When:					
	PERSONAL REFERENC	CES				
List three personal references you have known	for at least 3 years.					
Name	Address	Tel.	Years known			
1						
1						
2						
3						
	BUSINESS INFORMA	TION				
Business name:	BUSINESS INFORMA	MION				
]			
Business address (If different from current residential ad	dress)	, n	lew London, CT			
Number/Street Business Telephone Number:						
If franchise/chain, enter headquarters or main	business address.					
Headquarters address (If different from current busines						
Number/Street						
City/town		,,				
I understand that false statements are punishable in Connecticut by statute. (C.G.S. 53a-157b) I further understand that any statements in this application that are determined to be false or inaccurate shall constitute grounds for the permit or certificate not to be issued, or if issued						
before facts are known, shall be cause for revocation. My signature below attests to the accuracy, completeness and to the truth of all information supplied on this application.						
I declare, under the penalties of False Statement, that the answers to the above are true and correct.						
Date Applicant's Signature						
Subscribed to and sworn to before me						
This day of	, 20					
Notary Public:		. My commission expires:				