



DANIEL HARRIGAN, MAYOR

**CITY OF AKRON  
TREASURY/LICENSE DIVISION  
166 S HIGH ST, ROOM 505  
AKRON OH 44308  
(330) 375-2484**

**SECONDHAND DEALER LICENSE APPLICATION  
(Please Print)**

CITY OF AKRON

BUSINESS NAME \_\_\_\_\_ INCOME TAX # \_\_\_\_\_

BUSINESS LOCATION \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME OF APPLICANT/CORPORATION \_\_\_\_\_

ADDRESS OF APPLICANT/CORPORATION \_\_\_\_\_

FORM OF OWNERSHIP \_\_\_\_\_ SOLE \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_  
PROPRIETORSHIP

PLEASE COMPLETE THE FOLLOWING OWNERSHIP INFORMATION. IF CORPORATION, LIST ALL OFFICERS,  
DIRECTORS AND HOLDERS OF AT LEAST 10% OF CORPORATION STOCK:

NAME \_\_\_\_\_ ( \_\_\_\_\_ ) SSN# \_\_\_\_\_  
Maiden Name

RESIDENTIAL ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ % OF SHARES \_\_\_\_\_

PRINCIPAL OCCUPATION \_\_\_\_\_

NAME \_\_\_\_\_ ( \_\_\_\_\_ ) SSN# \_\_\_\_\_  
Maiden Name

RESIDENTIAL ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ % OF SHARES \_\_\_\_\_

PRINCIPAL OCCUPATION \_\_\_\_\_

NAME \_\_\_\_\_ ( \_\_\_\_\_ ) SSN# \_\_\_\_\_  
Maiden Name

RESIDENTIAL ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ % OF SHARES \_\_\_\_\_

PRINCIPAL OCCUPATION \_\_\_\_\_

TYPE OF SECONDHAND ARTICLES TO BE SOLD, PURCHASED, OR EXCHANGED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYEE INFORMATION:

NAME \_\_\_\_\_ ( \_\_\_\_\_ ) SSN# \_\_\_\_\_  
Maiden Name

RESIDENTIAL ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME \_\_\_\_\_ ( \_\_\_\_\_ ) SSN# \_\_\_\_\_  
Maiden Name

RESIDENTIAL ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME \_\_\_\_\_ ( \_\_\_\_\_ ) SSN# \_\_\_\_\_  
Maiden Name

RESIDENTIAL ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HAS ANY OFFICER, OWNER, EMPLOYEE OR OTHER INTERESTED PERSON EVER BEEN ARRESTED FOR ANY CAUSE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF "YES", LIST NAME, DATE, PLACE, CAUSE AND DISPOSITION OF EACH ARREST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE UNDERSIGNED STATES THAT ALL THE ABOVE INFORMATION IS TRUE. THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF THE LICENSING ORDINANCE AND UNDERSTANDS THE PROVISIONS THEREIN.

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_