



City of Middletown, Ohio
SWAP SHOP/SECOND HAND DEALERS
License Application

Name of Applicant: _____

Home Address: _____ Phone: _____

City, State, Zip Code: _____ Date of Birth: _____

Current Ohio Driver's License No.: _____ Age: _____

Business Name: _____

Business Owner's Name: _____

Business Address: _____ Phone: _____

City, State, Zip Code: _____

Is your business operating as a corporation, partnership, sole proprietorship, or unincorporated association? Please Specify _____

Name of Entity: _____

Name of Agent: _____

Address of Agent: _____

Phone No. of Agent: _____ SSN of Agent: _____

Please list all employees, independent contract and/or volunteers who are authorized to operate your business:

Name: _____

Home Address: _____

Phone No.: _____ SSN: _____

Name: _____

Home Address: _____

Phone No.: _____ SSN: _____

Name: _____

Home Address: _____

Phone No.: _____ SSN: _____

Name: _____

Home Address: _____

Phone No.: _____ SSN: _____

Please list all incorporators, owners, officers, directors, or any other person having an ownership interest in the business:

Name: _____

Home Address: _____

Phone No.: _____ SSN: _____

Name: _____

Home Address: _____

Phone No.: _____ SSN: _____

Name: _____

Home Address: _____

Phone No.: _____ SSN: _____

Name: _____

Home Address: _____

Phone No.: _____ SSN: _____

Describe all articles to be purchased, sold or exchanged: _____

NAMES AND ADDRESSES OF TWO (2) PERSONS WHO WILL VOUCH FOR THE HONESTY, AND GENERAL GOOD CHARACTER OF THE APPLICANT, WHO RESIDES IN EITHER THE CITY OF MIDDLETOWN, COUNTY OF BUTLER, OR THE STATE OF OHIO.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone _____

Address: _____

*** I swear that the above statements on this application are true and realize that any false statements may be cause for rejection or revocation of this permit. I also acknowledge that I have read and received a copy of the City's Ordinance pertaining to Swap Shops/Second Hand Dealers.

Signature of Applicant

Date

A criminal record check must be completed for applicant and all employees.

Completed applications are to be taken to the Middletown Police Department Central /Traffic Section. Once the application has been approved, you may then call Detectives at (513) 425-7738 to make arrangements to have your ID badge(s) made.

****All licenses expire on the 12/31 of the year issued, renewal is required. ****

Approved

Denied

_____ Date: _____

Chief of Police

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____

Name

SS#

DOB

having made application for a Swap Shop/Second Hand Dealer’s License from the City of Middletown, I hereby authorize the City of Middletown to investigate and to ascertain any and all information which may concern a criminal records check and including but not limiting to confidential investigatory material and/or records involving Police or Court contracts when the applicant was a minor.

I hereby release the custodian or custodians of such criminal investigatory records, the City of Middletown, its agents, employees, and representatives in any capacity, and its Division of Police from any and all claims of liability or damage of whatever kind or nature, which at any time could result to me, my heirs, assigns, associates, personal representative(s) of any nature because of compliance by said City, its employees, agents or representatives and Division of Police with this Authorization For Release of Information.

Signature: _____ Date: _____

Witness: _____

Witness: _____

MIDDLETOWN POLICE DEPARTMENT

SWAP SHOP/SECOND HAND DEALER RECORD OF TRANSACTION:
 AUTHORITY: SECTION 02009-100 CODIFIED ORDINANCES

Business Name _____ Date of Transactions _____

Item description/type of item	Brand Name/Serial Number/Model Number/Words, dates or initials on property	Amount of Money given or received for property
Name of person from whom articles were received or when articles were sold by Swap Shop	Address	Date of Birth Oper Lic/State ID#
Item description/type of item	Brand Name/Serial Number/Model Number/Words, dates or initials on property	Amount of Money given or received for property
Name of person from whom articles were received or when articles were sold by Swap Shop	Address	Date of Birth Oper Lic/State ID#
Item description/type of item	Brand Name/Serial Number/Model Number/Words, dates or initials on property	Amount of Money given or received for property
Name of person from whom articles were received or when articles were sold by Swap Shop	Address	Date of Birth Oper Lic/State ID#

I, _____ do attest that all the information is accurate to the best of my knowledge
 (print name of dealer)
 _____ Date & Time Submitted _____
 (signature of dealer)