

ADDITIONAL APPLICANT INFORMATION:

Montgomery County Office of Consumer Protection

100 Maryland Avenue, Suite 330 · Rockville, Maryland · 20850 OCP.Licensing@montgomerycountymd.gov www.montgomerycountymd.gov/consumer



Current License No. _____

T: 240.777.3636

Partnership Addendum

Pursuant to Montgomery County Code Chapter 44A Section 8(d)(2), a license application on behalf of a partnership must be applied for by and issued to all of the partners who are authorized to act for the partnership. Please complete the Partnership Addendum for each partner authorized to act for the partnership.

NOTICE: False statements to any of the following questions may constitute perjury. Perjury, fraudulent behavior or any violation of the conditions for the issuance of this license will result in refusal of license, or if granted, in revocation or suspension of same. Violations of the licensing provisions may result in criminal penalties.

Name:						
	Salutation	First Name	!	MI Last Name		
Home Address:						
	Street Address					
	City			State	Zipcode	
Home Phone:	5.1,			2.02		
E-mail Address:						
Drivers License:						
	License Numbe	ır.			Issuing State	
BACKGROUND INFO	RMATION:					
· <u></u>	-			y or any misde	emeanor involving theft?	
☐Yes ☐ No If yes	s, state the nat	ure of the offens	se below:			
Please indicate the	locality where	the conviction (occurred and	the date:		
	-					
Dlogso specify the r	onalty or puni	ishmont:				
riease specify trie p	benaity of pull	31111erit				
Has a license issued	l to you as a se	econdhand pers	onal property	dealer or paw	nbroker ever been suspended or	
revoked in this or ar	ny other jurisdic	ction?	s No If yes,	, please explai	n below.	
AGREEMENT:						
I hereby aut	thorize the Mo	ntgomery Count	ty Departmen	it of Police or a	any other police department with	
	ct the books, i				ness during normal business hours,	
I agree to p	I agree to pay for the purchase of secondhand personal property by check, as required by regulation.					
I hereby cer of the Montgomery	•		nditions, requi	irements, and	penalties set forth in <u>Chapter 44A</u>	
	y declare and	affirm under the	e penalties of	perjury, that th	ne contents of this application are	
true and correct.						
Claus at the angle of Account				Data		
Signature of Applica	ant			Date		

ADDITIONAL APPLICANT INFORMATION: Name: Salutation First Name Last Name Home Address: Street Address City Zipcode Home Phone: E-mail Address: **Drivers License:** License Number Issuing State BACKGROUND INFORMATION: In the past seven (7) years, have you been convicted of a felony or any misdemeanor involving theft? Yes No If yes, state the nature of the offense below: Please indicate the locality where the conviction occurred and the date: Please specify the penalty or punishment: Has a license issued to you as a secondhand personal property dealer or pawnbroker ever been suspended or revoked in this or any other jurisdiction? Yes No If yes, please explain below. AGREEMENT: I hereby authorize the Montgomery County Department of Police or any other police department with jurisdiction to inspect the books, records, inventory and premises of the business during normal business hours, as authorized by regulation. I agree to pay for the purchase of secondhand personal property by check, as required by regulation. I hereby certify that I am aware of the conditions, requirements, and penalties set forth in Chapter 44A of the Montgomery County Code. I do solemnly declare and affirm under the penalties of perjury, that the contents of this application are true and correct.

Date

Signature of Applicant