

Used Merchandise Dealer License

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Previous Residence (last five years):

Address: _____ City/State/Zip: _____

Address: _____ City/State/Zip: _____

Address: _____ City/State/Zip: _____

Previous Employment (last five years):

Employer: _____ Address: _____ City/State/Zip: _____

Employer: _____ Address: _____ City/State/Zip: _____

Employer: _____ Address: _____ City/State/Zip: _____

Previous Conducted Businesses (last five years):

Name: _____ Address: _____ City/State/Zip: _____

Name: _____ Address: _____ City/State/Zip: _____

Name: _____ Address: _____ City/State/Zip: _____

Firm or Corporation, List Members, Officers, Etc. (attach additional sheets if needed):

| Name | Date of Birth | Social Security # | Address | City/State/Zip |
|-------|---------------|-------------------|---------|----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Applicant Prior Arrest Record and Location (other than traffic EXCEPT DWI & Reckless Driving):

| Date | Charge Location | Disposition |
|-------|-----------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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Five Personal or Character References you have known for at least five years (addresses and phone number required).

| <u>Name</u> | <u>Address</u> | <u>City/State/Zip</u> | <u>Phone</u> |
|-------------|----------------|-----------------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Applicant as part of this application certifies as follows:

That he/she is a citizen of the United States, over eighteen years of age, of good repute, that the information listed on this application is complete and true to the best of his/her knowledge, that the applicant is qualified by the ordinances of the City of Coeur d'Alene, the County of Kootenai, and the law of the State of Idaho to receive a license.

Signature of Applicant: _____ Date: _____