

**DIANE L. MILLER-DAWSON**  
DIRECTOR OF FINANCE

**STEPHEN F. FRICKER**  
TREASURER  
(330) 375-2330



**DONALD L. PLUSQUELLIC**  
Mayor  
**DEPARTMENT OF FINANCE**  
TREASURY DIVISION

SUITE #200  
161 S. HIGH STREET  
AKRON, OHIO 44308  
FAX # (330) 375-2221

**GLEN A. STALCUP, JR.**  
ASSESSOR/ALARM  
ADMINISTRATOR  
(330) 375-2484

## SECONDHAND DEALER

Secondhand Dealer licenses expire on December 31, each year.

License requirements:

1. Completed license application
2. License fee of \$50.00 (check or money order made payable to The City of Akron).

CITY OF AKRON  
TREASURY/LICENSE DIVISION  
161 S HIGH STREET, SUITE 200  
AKRON OH 44308

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

BUSINESS NAME \_\_\_\_\_ CITY OF AKRON  
INCOME TAX # \_\_\_\_\_

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

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

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

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

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 \_\_\_\_\_

(Over)

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

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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:

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

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Signature of Applicant Title Date