

City of Franklin, Ohio  
Codified Ordinances Chapter 723

**SECONDHAND DEALER PERMIT APPLICATION**

**New Application** or **Renewal** (please circle one)

**Name of Applicant:** \_\_\_\_\_ SSN: \_\_\_\_--\_\_\_\_--\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**List the name and social security numbers of every person, in addition to the applicant, that owns or has an interest in the business (attach an additional sheet if necessary):**

Name: \_\_\_\_\_ SSN: \_\_\_\_--\_\_\_\_--\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_--\_\_\_\_--\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_--\_\_\_\_--\_\_\_\_

**List the names and social security numbers of every person to be employed at the business:**

Name: \_\_\_\_\_ SSN: \_\_\_\_--\_\_\_\_--\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_--\_\_\_\_--\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_--\_\_\_\_--\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_--\_\_\_\_--\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_--\_\_\_\_--\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_--\_\_\_\_--\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_--\_\_\_\_--\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_--\_\_\_\_--\_\_\_\_

**List the types of goods/merchandise to be purchased, sold, received or exchanged at this business:**

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**OTHER REQUIRED INFORMATION:**

- \* Social security numbers must be provided and will be used for purpose of conducting a background check. Social security numbers are not public record and will be removed from any public records request made to the City.
- \* The Chief of Police may request fingerprinting as a part of the background investigation.
- \* Permit fees (must be included with application):                      Permit fees are nonrefundable.
  - New Application: \$100.00
  - Renewal: \$50.00Applications for renewals must be made prior to December 31<sup>st</sup> or the application shall be considered a new application.
- \* If the applicant intends to trade in precious metals or gems, a certification from the Ohio Division of Weights and Measures must be filed with this application.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date