

**CITY OF LAWRENCE, KANSAS
PAWNBROKER/PRECIOUS METAL DEALER
LICENSE APPLICATION**

Business Name: _____				
Circle Type of License Applying for:	PAWNBROKER	PRECIOUS METAL DEALER		
Name of Owner/Manager: _____				
Street Address: _____				
	STREET	CITY	STATE	ZIP
Mailing Address: _____				
	STREET	CITY	STATE	ZIP
Phone No.:(_____) _____ State Sales Tax No.: _____				

If Corporation, state name, date and state of corporation: _____

List all Officers/Partners:

Name/Title: _____

Residence Address: _____

Birthdate: _____ / _____ / _____ STREET CITY STATE ZIP

Social Security No. _____ - _____ - _____

Citizen of the United States: _____ YES _____ NO

Name/Title: _____

Residence Address: _____

Birthdate: _____ / _____ / _____ STREET CITY STATE ZIP

Social Security No. _____ - _____ - _____

Citizen of the United States: _____ YES _____ NO

Name/Title: _____

Residence Address: _____

Birthdate: _____ / _____ / _____ STREET CITY STATE ZIP

Social Security No. _____ - _____ - _____

Citizen of the United States: _____ YES _____ NO

OVER

Has each person listed as owner/partner been an actual resident of the State of Kansas for at least two (2) years immediately preceding the date of this application? _____ Yes _____ No

Has any person listed on this application, or their spouse, ever pleaded guilty to or been convicted of a felony under the laws of this state or any other state or of the United States, or have any such persons ever forfeited a bond to appear in court to answer charges for any such offense within ten (10) years immediately prior to this application for a license? _____ Yes _____ No

If so, please list the name, the charge(s) and the date(s):

List the address(es) of any and all other businesses in Kansas owned by applicant:

State the number(s) of the valid Retailers Sales Tax Certificate(s): _____

Do you own the premises for which the license is sought, or do you have a written lease thereon for at least three-fourths (3/4) of the year for which the license is to be issued? _____ Own _____ Lease
IF LEASING, PLEASE ATTACH A COPY OF THE CURRENT LEASE.

Signature of Applicant

Office or Position

STATE OF KANSAS, COUNTY OF DOUGLAS, SS)

_____, being first duly sworn, upon oath deposes and says: That such person is the applicant who makes the above and forgoing application; that such person has read and signed the same, knows the contents thereof, and that all statement therein contained are true.

NOTARY PUBLIC

NEW LICENSE _____

RENEWAL _____

I HEREBY APPROVE DISAPPROVE ISSUANCE OF THIS LICENSE.

Police Department

Date