

APPLICATION FOR PAWNBROKER'S OR PRECIOUS METAL DEALER'S LICENSE

City of _____ County of _____

Application is hereby made by the undersigned for a license under the provisions of the Pawnbroker's and Precious Metal Dealer's Act, K.S.A. 16-706 *et seq*, for a:

- Pawnbroker's License
- Precious Metal Dealer's License

This application is accompanied by \$25.00 as a license fee for the period terminating one year following the issuance of the license.

Date: _____

1. License to be issued to:
- Individual
 - Partnership
 - Corporation
 - Firm, company or association

2. A. If an individual, please state the full name and residence address:

B. If a partnership, please state the full name of each partner and the residence address of each.

C. If a corporation, please state the full name of such corporation or and where incorporated.

D. If a firm, company or association, please state the name of each owner and the residence of each.

Please state the full name of each officer, manager, director and stockholder of such corporation or firm, company or association, the office or position of each and the residence address of each.

Name	Residence Address	Office or Position

3. Please state the address or addresses of any and all places of business premises, where the applicant is to be doing business in Kansas.

4. Please state the hours and days of the week during which applicant proposes to engage in business of pawn broking or sales of precious metals at each place above mentioned.

5. Is the applicant the holder of a valid Retailers Sales Tax Certificate issued by the Director of Revenue pursuant to K.S.A. 79-3608, for each place of business for which application for license had been made? Yes No

Sales Tax #: _____
FEIN: _____

NOTICE: Questions #6 (A-F) through #7 must be answered in regard to all individuals, all partners of a partnership, all officers, managers, directors, and stockholders of a corporation or firm, company or association that is applying for a pawnbroker's or precious metals license. If there is more than one person in the category, please make a copy of this page for the other persons to complete and attach it to the application.

6. Applicant Name: _____

A. Are you a citizen of the United States? Yes No

B. Are you now, and have you been, an actual resident of the State of Kansas for at least two (2) years immediately preceding the date of this application?

Yes No

C. Have you or your spouse ever been convicted of or pleaded guilty to a felony, under the laws of this state, or any other states, or of the United States, or has either of you 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?

You: Yes No
Your Spouse: Yes No

D. Have you or your spouse ever had a pawnbroker's for precious metals license revoked?

You: Yes No
Your Spouse: Yes No

E. Are you twenty-one (21) years of age or older? Yes No

F. Do you own the premises for which a license is sought, or do you have a written lease therefore at least, three-fourths (3/4) of the period for which the license sought is to be issued? Own Lease

7. I agree that I will maintain all current and applicable state licenses and I will notify _____ County Clerk/ _____ City Clerk within five (5) business days of any changes in status of the state license. _____ (initial)

Signature of Applicant

Date

Office or Position of Applicant if Applicant is a Corporation or Association
Applicant has attached hereto a detailed inventory and description of all goods, wares, merchandise or other property held in pledge or for sale at the time of this application, at each place of business stated above, said inventory or inventories indicating whether or not all goods, ware, merchandise or other property was received in pledge or purchased

AFFIRMATION OF OATH

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

The undersigned applicant certifies and acknowledges that undersigned applicant is authorized to execute the application either as the owner or as a designated agent of the owner and as such shall be jointly and severable responsible for compliance with all codes regulating pawnbrokers and the sale of precious metals.

Signature of Applicant

Date

THIS FORM MUST BE NOTARIZED

STATE OF KANSAS, COUNTY OF _____, SS:

Subscribed and sworn to before me, a Notary Public in and for said county and state, this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____