

# Secondhand Dealer/Pawnbroker Application

License # \_\_\_\_\_

Amt. Pd. \_\_\_\_\_

Date Pd. \_\_\_\_\_

## Check all that apply:

- Secondhand Article Dealer \$50     
  Secondhand Textbook Dealer \$50     
  Secondhand Jewelry Dealer \$50  
 Secondhand Mall/Flea Market Dealer \$50     
  Pawnbroker-\$500 bond required with not less than two sureties \$210

## License Applicant

Name of Corporation, LLC, Partnership, or Sole Proprietor			
Doing Business As		Street Address of Business	
Mailing Address		City	State      Zip Code
Local Contact Person	Phone Number	E-mail Address	State Seller's Permit Number
Describe the type of business and articles of merchandise to be handled on the premises:			

## List all Owner(s), Employees, Officers, Directors, Members, and/or Partners

Name	Title	Street Address	City	State	Sex	Race	Date of Birth
Convicted of a felony within the last 10 years      No      Yes Within the last 5 years, convicted of any of the following: Misdemeanor      No      Yes Statutory violation punishable by forfeiture      No      Yes County or municipal ordinance violation      No      Yes		For each "yes" response, provide year of arrest, nature of offense, and conviction information.					
Convicted of a felony within the last 10 years      No      Yes Within the last 5 years, convicted of any of the following: Misdemeanor      No      Yes Statutory violation punishable by forfeiture      No      Yes County or municipal ordinance violation      No      Yes		For each "yes" response, provide year of arrest, nature of offense, and conviction information.					
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## Penalty Notice

I understand that this license may be denied or revoked for fraud, misrepresentation or false statement contained in the application or for any violation of State Statutes 134.71, 943.34, or 948.63.

Under Penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge. I agree to inform the Clerk within ten (10) days of any change in the information supplied in this application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_