



Pawnbroker and/or Valuable Property Dealer License Application

APPLICANT INFORMATION					
Business Name:		Business Phone:		E-Mail Address:	
Business Address	Street:		City:	State:	Zip:
Type of License Applying for: <input type="checkbox"/> Pawnbroker (see City code 6-501) and/or <input type="checkbox"/> Valuable Property Dealer (see City code 6-1001)					
Contact Person	Last Name:		First Name:		Middle Name:
Home Address	Street:		City:	State:	Zip:
Mailing Address	Street:		City:	State:	Zip:
Phone Number:			State Sales Tax Number:		
If a Corporation or LLC, please provide the information below.					
Corporation or LLC's Name:			Established Date:		State:
LIST ALL OWNERS/PARTNERS					
Last Name:		First Name:		Middle Name:	
Social Security #:		Date of Birth:		City:	
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Street:		State:	Zip:
Last Name:		First Name:		Middle Name:	
Social Security #:		Date of Birth:		City:	
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Street:		State:	Zip:
Last Name:		First Name:		Middle Name:	
Social Security #:		Date of Birth:		City:	
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Street:		State:	Zip:
Last Name:		First Name:		Middle Name:	
Social Security #:		Date of Birth:		City:	
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Street:		State:	Zip:
Has each person listed above 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 yes, please list their name(s), the charge(s) and the date(s) below.

Last Name:	First Name:	Middle Name:	Charge:	Date:
Last Name:	First Name:	Middle Name:	Charge:	Date:
Last Name:	First Name:	Middle Name:	Charge:	Date:
Last Name:	First Name:	Middle Name:	Charge:	Date:

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

Business Name:	Street:	City:	State:	Zip:
Business Name:	Street:	City:	State:	Zip:
Business Name:	Street:	City:	State:	Zip:
Business Name:	Street:	City:	State:	Zip:
Business Name:	Street:	City:	State:	Zip:

Provide the number(s) of the valid Retailers Sales Tax Certificate(s)

Retailers Sales Tax Certificate Number:

If applying for a Pawnbroker License

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 (Attach current copy)

If applying for a Valuable Property Dealer License

Select the type of license for which you are applying:

- Type "P": You intend to do business at a permanent address within the City. Shall be valid for one year.
- Type "T": You intend to do business at a temporary address within the City. Shall be valid for 60 hours.
- Type "D": You sponsor any coin show for display purposes.

If applying for Type "T" or "D", provide the temporary address of the show or sale below.

Business Name:	Street:	City:	State:	Zip:
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I HEREBY CERTIFY THAT THE ABOVE AND FOREGOING INFORMATION IS TRUE AND CORRECT. I UNDERSTAND FEES PAID FOR PROCESSING THIS APPLICATION ARE NOT REFUNDABLE OR PRORATED IN THE EVENT THIS LICENSE IS NOT APPROVED OR REVOKED FOR ANY REASON.

- PLEASE INCLUDE:**
- \$25.00 fee for Pawnbroker and/or \$25.00 for Valuable Property Dealer License
 - If leasing the premise, attach a copy of the current lease
 - A statement that the applicant is the holder of a valid registration certificate issued by the Director of Revenue pursuant to K.S.A. 79-3608 for each place of business for which application for a license is made
 - A detailed inventory and description of all goods, wares, merchandise or other property held in pawn or for sale or advertised for purchase at the time of the application at each place of business stated therein, indicating whether the same was received in pawn or purchased as secondhand merchandise

APPLICANT'S NAME (Printed)

APPLICANT'S SIGNATURE

TODAY'S DATE

POSITION

STATE OF KANSAS, COUNTY OF DOUGLAS

_____, 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 statements therein contained are true.

NOTARY PUBLIC