



**Financial Services**  
 Sales Tax Division  
 215 North Mason Street, 2<sup>nd</sup> Floor  
 P.O. Box 580  
 Fort Collins, CO 80522  
**970.221.6780**  
 970.221.6782 - fax  
 fcgov.com/salestax

Account # 1000.421040

**APPLICATION FOR PAWNBROKER LICENSE**

**New License**

**License Renewal**

(Check the box that applies)

License fee \$ 300

Bond Required \$ 2500

Fingerprint and/or investigation fee \$ 16.50/person

Total Paid \$ \_\_\_\_\_

In order to be accepted as complete, the following applies:

1. Applicant must check all appropriate boxes
2. **Applicant should obtain and review a copy of the City Code Section 15-261 et seq.**
3. Applicants must submit fingerprints through an approved CBI vendor
4. Applicants must submit digital picture with any new application

Applicant Information

**Non-Individual Applicants must submit a separate application for each officer, partner, etc**

1. Applicant is applying as:

A Corporation

A Partnership

An Individual

An Association

A Limited Liability Company

Other (please specify): \_\_\_\_\_

2. Applicant Contact Information:

- Name of Applicant: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Residential Address) \_\_\_\_\_
- Telephone Number \_\_\_\_\_

3. Business Name:

- a. Physical Address of Business: \_\_\_\_\_
- b. Telephone Number: \_\_\_\_\_
- c. Mailing address (if different from above): \_\_\_\_\_

***If this is a renewal, answer questions 7 through 14 only if any changes from previous year's application.***

4. Past pawnbroker and/or secondhand dealer licenses held (list name of business, location, including the city or county and state, and dates of operation):

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5. Has the applicant ever applied for and been denied a secondhand dealer or pawnbroker license or bond of any type? \_\_\_\_\_ If yes, provide an explanation

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6. Has a judgment been entered against the applicant or any of the other individuals listed in the application in any civil court for activities arising out of the pawnbroker or secondhand business? \_\_\_\_\_ If so, provide the type of claim involved, the date, place, and amount of such judgment. \_\_\_\_\_

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7. Has a judgment based on fraud ever been entered against the applicant? \_\_\_\_\_ If yes, provide an explanation \_\_\_\_\_

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8. Has the applicant or anyone listed in this application been convicted of a crime or ordinance violation (including felonies, misdemeanors, traffic or petty offenses )? If yes, provide the date, nature of the crime or ordinance violation, the city, county and/or state in which the crime or violation occurred, and disposition (including sentence given):

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9. Residence History. List all residences for the past two years beginning with the current residence: \_\_\_\_\_

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*(attach separate sheet if necessary)*

10. Employment History. List all places of employment for the past 10 years beginning with the most recent : \_\_\_\_\_

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*(attach separate sheet if necessary)*

14. If the applicant is a corporation, partnership, association, or limited liability company, list by position all officers, directors, general partners, limited partners, managing members, stockholders and members who have a majority financial interest (or if no majority exists, list all members with a 15% or greater financial interest) in the applicant. All persons so listed must also provide the information requested in questions 2-14, as well as submit fingerprints through an approved CBI vendor and sign the Oath of Applicant and release of information form.

**Attach an application form for each such person.**

**12. Additional documents required for type of entity:**

1. Corporation
  - a. Cert. of Incorporation
  - b. Cert. of Good Standing (if more than 2 years old)
  - c. Cert. of Auth. (if foreign)
2. Partnership
  - a. Partnership Agreement (General or Limited)
3. Limited Liability Company
  - a. Articles of Organization
  - b. Cert. Of Auth. (if foreign)
  - c. Operating Agreement
4. Association or Other
  - a. Attach copy of agreements creating association or relationship between the parties

Registered Agent (if applicable) \_\_\_\_\_

Address for Service \_\_\_\_\_

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**REPORT OF INVESTIGATION BY THE CHIEF OF POLICE SERVICES**

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Date application submitted for investigation \_\_\_\_\_

Each person listed on the application:

Each person listed on the application:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| A. Has submitted fingerprints through an approved CBI vendor and photograph?    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| B. Has had background investigation check for local criminal history completed? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| C. Results of fingerprint and investigation from CBI?                           | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Other comments:

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The foregoing application has been examined and the criminal history of the applicant has been investigated. I report that the applicant:

- DOES meet the requirements of City Code Section 15-265(a).  
 DOES NOT meet the requirements of City Code Section 15-265(a).

Date \_\_\_\_\_

\_\_\_\_\_  
Application Investigator

Date \_\_\_\_\_

\_\_\_\_\_  
Chief of Police  
Fort Collins Police Services

