



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

Acct #100.122040

APPLICATION FOR SECONDHAND DEALER LICENSE

New License ☐
License Renewal ☐
(Check the box that applies)

License fee \$_____
Fingerprint and/or investigation fee \$_____
Date submitted _____

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

1. All answers must be printed in black ink or typewritten
2. Applicant must check all appropriate boxes
3. **Applicant should obtain and review a copy of the City Code Section 15-316 et seq.**
4. Applicants must submit fingerprints through an approved CBI vendor and a digital picture with any new application OR, if a renewal, for any owner or officer that is new to the company.

Applicant Information

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

1. Applicant is applying as:
☐ A Corporation ☐ A Limited Liability Company(LLC)
☐ A Partnership ☐ Other (please specify): _____
☐ An Individual
☐ An Association
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 4 through 11 only if any changes from previous year's application.

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

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

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. _____

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

8. Has the applicant or anyone listed in this application been convicted of a crime or ordinance violation (including felonies and misdemeanors)? 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):

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

(attach separate sheet if necessary)

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

(attach separate sheet if necessary)

11. 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 _____

OATH OF APPLICANT

I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge. I understand and consent to a background investigation being conducted to check both financial and criminal histories (see attached authorization). I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with all provisions of Fort Collins City Code Section 15-316, et seq. I also understand and acknowledge that any information contained within this application found to be false will result in this application being denied or any license granted to be revoked, as well as possible criminal charges.

Signature

Title

Date

Signed and sworn before me this ____ day of _____, _____.

Notary Public: _____

My commission expires: _____

REPORT OF INVESTIGATION BY THE CHIEF OF POLICE SERVICES

Date application submitted for investigation_____

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:

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 15-318.
☐ DOES NOT meet the requirements of City Code Section 15-318.

Date_____

Application Investigator

Date_____

Chief of Police
Fort Collins Police Services

AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

Name: _____ Date of Birth _____
(Last) (First) (Middle)

I do hereby authorize a review and full disclosure of all records specified below, or any part thereof, concerning myself, by and to ANY authorized employee of the City of Fort Collins Police Services Department, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of complaint, arrest, trial, and/or convictions for alleged or actual violations of the law, including criminal, civil and/or traffic records wheresoever located.

I understand that all information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for licensing or permit to work in the secondhand dealer industry by the City of Fort Collins Finance Director and the Chief of Police Services. I understand that any information or records so obtained by the City may become public records available upon request by the public.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents, employees from and against all claims, damages, losses and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request.

A copy of this signed authorization form will be considered valid as an original hereof.

Signature

Date

State of _____ }
 _____ } ss
 County of _____ }

Subscribed and sworn before me this _____ day of _____, _____.

Witness my hand and seal.

Notary Public

My commission expires:_____