

# APPLICATION FOR PAWNBROKER'S LICENSE

Revised 6/02/14

**PERMIT FEE:** \$25.00; **OCCUPATION TAX:** \$25.00; **LICENSE YEAR:** June 1 thru May 31

**REQUIREMENTS - must be attached:**

- \$5,000 Surety Bond from a corporate surety licensed to do business in **Nebraska (Original Bond must be attached)**
- If applicant is a corporation, a copy of the Articles of Incorporation and the names, addresses, & dates of birth's of the Officers & Shareholders
- Application must be signed by the owner or their designated representative. If signed by designated representative, attach Credentials proving your authority to apply for the permit.
- **FOR ALL RULES & REGULATIONS:** please read Lincoln Municipal Code Chapter 5.34 which is available on our website [www.lincoln.ne.gov](http://www.lincoln.ne.gov). 1) Click on "Government", 2) under "City of Lincoln", click on "Departments", 3) click on "City Attorney", 4) click on "Lincoln Municipal Code", 5) Click on "Title 5", click on "5.34".
- Payment (Make checks payable to **City of Lincoln.**)
- **You must contact Marie Mathine (402) 441-6830 at the Lincoln Police Department prior to your permit being issued.**

**RETURN APPLICATION & ALL ATTACHMENTS TO:** City Clerk's Office, 555 S. 10<sup>th</sup> St., Lincoln NE 68508. (Please note: Payments by check authorize the City to make a one-time electronic fund transfer. Funds may be withdrawn immediately and your check will not be returned.) Questions? Call Sandy at (402) 441-7437.

*Applications are available on the City's web site at "www.lincoln.ne.gov".*

**Please PRINT using blue or black ink only.**

1.	<b>APPLYING FOR . . .</b>
<input checked="" type="checkbox"/>	<b>PLEASE CHECK ONE</b>
	Existing Business (Failed to Renew on time, reapplying)
	Have an Existing Pawnbroker Establishment, applying for an Additional Location
	New Establishment
	New Owner of an Existing Establishment; Please give previous owner's Name: _____

2. **IF APPLYING AS A NEW ESTABLISHMENT, HAVE YOU PREVIOUSLY HELD A PAWNBROKER'S LICENSE ELSEWHERE?** \_\_\_\_\_ Yes \_\_\_\_\_ No If **Yes**, please give the City/Cities & State(s):

City	State

3. **APPLICANT'S INFORMATION**

NAME:					
HOME STREET ADDRESS:					
CITY:		STATE:		ZIP:	
HOME PHONE #:		D.O.B.:		SSN:	-  -

4. **OWNER INFORMATION**

NAME:					
HOME STREET ADDRESS:					
CITY:		STATE:		ZIP:	
HOME PHONE #:		D.O.B.:		SSN:	-  -
EMAIL ADDRESS:					

5. **CORPORATION INFORMATION**

NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:		FAX #:			
EMAIL ADDRESS:					

6.

<b>MAILING ADDRESS</b>				
NAME:				
STREET ADDRESS:				
CITY:		STATE:		ZIP:

7.

<b>LIST OF PRINCIPAL(S), AGENT(S) &amp; ALL EMPLOYEE(S)</b> <i>(If necessary, attach separate sheet of paper)</i>				
NAME	PERMANENT ADDRESS <i>(Include City, State &amp; Zip)</i>	LOCAL ADDRESS	DATE OF BIRTH	CAPACITY

8.

<b>LOCATION WHERE BUSINESS WILL BE CONDUCTED IN LINCOLN</b>			
BUSINESS NAME:		STREET ADDRESS:	
ZIP:		PHONE #:	
CONTACT PERSON:		PHONE #:	
EMAIL ADDRESS:		FAX #:	

9.

<b>LOCATION OF WHERE GOODS, WARES &amp; MERCHANDISE ARE TO BE STORED</b>				
NAME:				
STREET ADDRESS:		ZIP:		PHONE #:

10.

<b>EXPLAIN <i>IN DETAIL</i> THE NATURE OF BUSINESS</b>

*(continued on next page)*

11. HAS APPLICANT, OR IF A CORPORATION, ANY OFFICERS & SHAREHOLDERS EVER BEEN CONVICTED OF A FELONY: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list names of person & where it occurred & explain (use separate sheet of paper if necessary):

NAME	CITY & STATE OF WHERE IT OCCURRED	EXPLANATION

### ATTACHMENTS

The following items *must* be ATTACHED to the application. Please put a Check (✓) mark next to those items you have attached.

ITEM	ATTACHED
\$50.00 License Fee & Occupation Tax	
If applicant is a corporation, a copy of the Articles of Incorporation and the names, address, & Date of Birth's of the Officers & Shareholders.	
Proof of Applicant's authority to apply for the permit.	
\$5,000 Surety Bond	

CLERK'S OFFICE (Are these attached?)

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Legal Capacity

REVIEWING ACTION - OFFICE USE ONLY			
DEPARTMENT	APPROVED / DENIED	SIGNATURE	DATE
Bureau of Fire Prevention:			
Police Dept. - Marie Mathine:			
Building & Safety Dept.:			

COMMENTS