

# SECONDHAND JEWELRY DEALER PERMIT APPLICATION

Governed by Lincoln Municipal Code Chapter 5.42

Revised 12/15/10

**FEE: \$25.00; LICENSE YEAR FOR ESTABLISHED DEALERS: June 1 thru May 31**

## REQUIREMENTS:

- \$5,000 Surety Bond from a corporate surety licensed to do business in **Nebraska (must be attached)**
- Fingerprints of the Principals, Agents **and all** Employees of the Business. These can be obtained from the Nebraska State Patrol, Criminal Identification Office, at 3800 NW 12<sup>th</sup> St., Suite A, Lincoln, Nebraska; phone: (402) 471-4545. *(City Clerk to forward fingerprint cards to Capt. Bob Citta, LPD) (must be attached)*
- 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.
- Please read Lincoln Municipal Code Chapter 5.42 thoroughly before applying for a permit.
- Payment (Make checks payable to **City of Lincoln.**) **(must be attached)**
- **Once Permit is issued, you must contact Marie Mathine at the Lincoln Police Dept. to obtain your packet from her.**

**RETURN APPLICATION & ALL ATTACHMENTS TO:** City Clerk's Office, 555 S. 10<sup>th</sup> St., Lincoln NE 68508 (Make checks payable to **City of Lincoln.**) (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 Funds may be withdrawn immediately and your check will not be returned.)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 Teresa at (402) 441-7437.

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

**TYPE OF PERMIT - PLEASE CHECK ONE:**     Established Dealer                       Itinerant Dealer

**FOR ITINERANT DEALER - PLEASE GIVE DATES BUSINESS WILL BE CONDUCTED IN LINCOLN, NE:**

From: \_\_\_\_\_ To: \_\_\_\_\_

**IS APPLICANT ONE OF THE FOLLOWING - PLEASE CHECK ONE:**

Individual                                       Partnership                                       Corporation

**IF A CORPORATION, PLEASE PROVIDE THE STATE IN WHICH YOU WERE INCORPORATED:** \_\_\_\_\_

**ARE YOU DOING BUSINESS FOR ANY PERSON, FIRM OR CORPORATION:**     YES                       NO  
If YES, credentials authorizing you to act as such representative **MUST BE ATTACHED.**

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

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

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

NAME(S) UNDER WHICH THE APPLICANT HAS CONDUCTED OR INTENDS TO CONDUCT BUSINESS:			

LIST OF PRINCIPAL(S), AGENT(S) & ALL EMPLOYEE(S) For Itinerant Dealers - Please list ALL employees who will be assisting with event. Fingerprints MUST be attached to application. (If necessary, attach separate sheet of paper)				
NAME	PERMANENT ADDRESS <i>(Include City, State &amp; Zip)</i>	LOCAL ADDRESS	DATE OF BIRTH	CAPACITY

MAILING ADDRESS FOR CORRESPONDENCE, ETC.					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	

LOCATION WHERE BUSINESS WILL BE CONDUCTED IN LINCOLN			
BUSINESS NAME:		STREET ADDRESS:	
ZIP:		PHONE #:	
CONTACT PERSON:		EMAIL ADDRESS:	

BUSINESS HOURS								
DAY	OPEN	CLOSE	DAY	OPEN	CLOSE	DAY	OPEN	CLOSE
Monday			Thursday			Sunday		
Tuesday			Friday					
Wed.			Saturday					

<b>HAVE YOU CONDUCTED AN ITINERANT BUSINESS ELSEWHERE WITHIN THE LAST SIX (6) MONTHS:</b> _____ Yes _____ No If <b>Yes</b> , please list the nature & give the <b>exact</b> address where business has been conducted:			
NATURE	P.O. BOX / STREET ADDRESS	CITY	STATE

<b>STATE NATURE &amp; CHARACTER OF ADVERTISING DONE OR PROPOSED TO BE DONE IN ORDER TO ATTRACT CUSTOMERS. INCLUDE THE NAMES OF THE MEDIA:</b>

<b>HAVE ANY OF THE PRINCIPALS, AGENTS OR EMPLOYEES OF THE BUSINESS BEEN CONVICTED OF ANY CRIME INVOLVING MORAL TURPITUDE?      Yes _____ No _____</b>			
If <b>YES</b> , list name(s) of person, nature of offense, where it occurred & punishment assessed ( <i>use separate sheet of paper if necessary</i> ):			
NAME	NATURE OF OFFENSE	CITY & STATE OF WHERE IT OCCURRED	PUNISHMENT ASSESSED

### ATTACHMENTS

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

ITEM	ATTACHED
Permit Fee of \$25, check made payable to City of Lincoln	
\$5,000 Surety Bond from a corporate surety licensed to do business in <b>Nebraska</b>	
Fingerprints of the Principals, Agents <b>and ALL</b> Employees of the Business	
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.	

CLERK'S OFFICE (Are these attached?)

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

\_\_\_\_\_  
Applicant

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

**Applications are available on the City's web site at "[www.lincoln.ne.gov](http://www.lincoln.ne.gov)".**

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

COMMENTS