

# SECONDHAND JEWELRY DEALER PERMIT APPLICATION

Governed by Lincoln Municipal Code Chapter [5.42](#)

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

OWNER'S INFORMATION			
NAME:			
STREET ADDRESS:			
CITY:		STATE:	
ZIP:		PHONE #:	
EMAIL ADDRESS:			

STORE INFORMATION			
NAME:			
STREET ADDRESS:			
CITY:		STATE:	
ZIP:		PHONE #:	
EMAIL ADDRESS:			

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

TYPE OF PERMIT - PLEASE CHECK <b>ONE</b> :	
<input type="checkbox"/> Established Dealer (permanent location)	<input type="checkbox"/> Itinerant (Temporary) Dealer

ITINERANT DEALERS - PLEASE GIVE DATES BUSINESS WILL BE CONDUCTED IN LINCOLN, NE:	
From: _____	To: _____

IS APPLICANT ONE OF THE FOLLOWING - PLEASE CHECK <b>ONE</b> :		
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation

IF A CORPORATION, PLEASE PROVIDE THE STATE IN WHICH YOU WERE INCORPORATED:	
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<b>ARE YOU DOING BUSINESS FOR ANY PERSON, FIRM OR CORPORATION:</b>	_____ YES      _____ NO
If <b>YES</b> , credentials authorizing you to act as such representative <b>MUST BE ATTACHED</b> .	

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

ITINERANT DEALERS - 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					

HAVE YOU CONDUCTED AN ITINERANT BUSINESS ELSEWHERE WITHIN THE LAST SIX (6) MONTHS:			
_____ 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

STATE NATURE & CHARACTER OF ADVERTISING PROPOSED TO BE DONE IN ORDER TO ATTRACT CUSTOMERS. INCLUDE THE NAMES OF THE MEDIA:

**LIST OF PRINCIPAL(S), AGENT(S) & ALL EMPLOYEE(S) & THEIR PERMANENT ADDRESSES**  
**For Itinerant Dealers - Please list ALL employees who will be assisting with event. Use separate sheet, if necessary.**

**PERMANENT ADDRESS**  
*(Include City, State & Zip)*

NAME:			
STREET ADDRESS:			
CITY:			
STATE		ZIP:	
CAPACITY:		PHONE:	
NAME:			
STREET ADDRESS:			
CITY:			
STATE		ZIP:	
CAPACITY:		PHONE:	
NAME:			
STREET ADDRESS:			
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CAPACITY:		PHONE:	
NAME:			
STREET ADDRESS:			
CITY:			
STATE		ZIP:	
CAPACITY:		PHONE:	

**LIST OF PRINCIPAL(S), AGENT(S) & ALL EMPLOYEE(S) & THEIR LOCAL ADDRESSES**

For Itinerant Dealers - Please list ALL employees who will be assisting with event. Use separate sheet, if necessary.

**LOCAL ADDRESS**  
*(Include City, State & Zip)*

NAME:			
STREET ADDRESS:			
CITY:			
STATE		ZIP:	
CAPACITY:		PHONE:	

NAME:			
STREET ADDRESS:			
CITY:			
STATE		ZIP:	
CAPACITY:		PHONE:	

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STATE		ZIP:	
CAPACITY:		PHONE:	

NAME:			
STREET ADDRESS:			
CITY:			
STATE		ZIP:	
CAPACITY:		PHONE:	

**HAVE ANY OF THE PRINCIPALS, AGENTS OR EMPLOYEES OF THE BUSINESS BEEN CONVICTED OF ANY CRIME INVOLVING MORAL TURPITUDE?** Yes \_\_\_\_\_ No \_\_\_\_\_

If **YES**, list name(s) of person, nature of offense, where it occurred & punishment assessed (*use separate sheet of paper if necessary*):

NAME	NATURE OF OFFENSE	CITY & STATE OF WHERE IT OCCURRED	PUNISHMENT ASSESSED

#### ATTACHMENTS

The following items *must* be ATTACHED to the application or it will be returned as DENIED. 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>	
Application must be signed by the owner or their designated representative. If signed by designated representative, Credentials must be attached proving their authority to apply for the permit.	

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

\_\_\_\_\_  
Applicant

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

#### REVIEWING ACTION - OFFICE USE ONLY

DEPARTMENT	APPROVED / DENIED	SIGNATURE	DATE
Bureau of Fire Prevention:			
Police Department:			
Building & Safety Dept.:			
COMMENTS			