

# SECONDHAND JEWELRY DEALER PERMIT INFORMATION SHEET & CHECKLIST

Revised 8/01/13

1	File application a minimum of <b>20 business days</b> prior to store opening or start date. Applications must be reviewed by the Lincoln Police Dept. and the Bureau of Fire Prevention, therefore, adequate time must be allowed for a proper review. No permits will be issued until then and you cannot conduct any business without the proper permits.
2	<b>FEE:</b> \$25.00; Make checks payable to <b>City of Lincoln; must be attached.</b> (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 Funds may be withdrawn immediately and your check will not be returned.)
3	<b>Established Dealers</b> - License Year runs June 1 thru May 31
4	<b>Itinerant Dealers</b> - License will be issued only for the period specified on the application.
5	\$5,000 Surety Bond from a corporate surety licensed to do business in <b>Nebraska (Original Bond must be attached)</b>
6	Fingerprints of the Principals, Agents <b>and all Employees</b> of the Business <b>must be provided.</b> The Lincoln Police Dept. can take them electronically which allows them to process them more quickly. If they are submitted on cards, it will take approximately 48 hours for processing.
7	A complete list of the Principals, Agents, <b>and all employees</b> of the business, including their permanent & temporary addresses, must be provided. A section for this is included in the application, however, you may submit a separate sheet, if necessary.
8	Application must be signed by the owner or their designated representative. If signed by designated representative, <b>attach</b> Credentials proving your authority to apply for the permit.
9	<p>Please read Lincoln Municipal Code Chapter 5.42 <b>thoroughly</b> before applying for a permit, paying particular attention to these 2 sections:</p> <p>Section 5.42.070 - Record of Transactions - Every dealer shall keep a form provided by the Chief of Police in which shall be legibly typed or machine printed at the time of each transaction in the course of the dealer's business in the City of Lincoln, an accurate account of each transaction involving the purchase of any secondhand jewelry. The record shall contain an accurate description of the secondhand jewelry, the name, address, and description of the person selling the same, the permit number of the dealer, and the description of the form of identification used to verify the seller's identity. Such book shall be open during all business hours to inspection of any police officer of the City of Lincoln.</p> <p>Section 5.42.080 - Reports to Police - Every dealer shall deliver daily to the Chief of Police a clear, legible copy of the form for each transaction required in Section 5.42.070. Delivery may be made by mailing said copies by regular first class U.S. mail, postage prepaid, to the Chief of Police.</p>
10	<b>Prior to the permit being issued, you must contact Marie Mathine at the Lincoln Police Dept. to obtain the legal requirements as outlined in Lincoln Municipal Code Chapter 5.42. Her phone number is (402) 441-6830.</b>

**All attachments must be submitted with the application or it will be returned as DENIED.**

**RETURN APPLICATION & ALL ATTACHMENTS TO:**

City Clerk's Office  
555 S. 10<sup>th</sup> St.  
Lincoln NE 68508

Questions? Contact Sandy by phone at (402) 441-7437 or by email at [sdubas@lincoln.ne.gov](mailto:sdubas@lincoln.ne.gov)

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

# SECONDHAND JEWELRY DEALER PERMIT APPLICATION

**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:

1. **TYPE OF PERMIT - PLEASE CHECK ONE:**

<input type="checkbox"/> Established Dealer (permanent location)	<input type="checkbox"/> Itinerant (Temporary) Dealer
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2. **ITINERANT DEALERS - PLEASE GIVE DATES BUSINESS WILL BE CONDUCTED IN LINCOLN, NE:**

From: _____	To: _____
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3. **IS APPLICANT ONE OF THE FOLLOWING - PLEASE CHECK ONE:**

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
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4. **IF A CORPORATION, PLEASE PROVIDE THE STATE IN WHICH YOU WERE INCORPORATED:**

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5. 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.**

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

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7. ITINERANT DEALERS - LOCATION WHERE BUSINESS WILL BE CONDUCTED IN LINCOLN:

BUSINESS NAME:		STREET ADDRESS:	
ZIP:		PHONE #:	
CONTACT PERSON:		EMAIL ADDRESS:	

8. BUSINESS HOURS:

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

9. HAVE YOU CONDUCTED AN ITINERANT BUSINESS ELSEWHERE WITHIN THE LAST SIX (6) MONTHS: \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please list the nature & give the **exact** address where business has been conducted:

NATURE	P.O. BOX / STREET ADDRESS	CITY	STATE

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


11. **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.**

<b>PERMANENT ADDRESS</b> <i>(Include City, State &amp; Zip)</i>			
NAME:			
STREET ADDRESS:			
CITY:			
STATE		ZIP:	
CAPACITY:		PHONE:	
NAME:			
STREET ADDRESS:			
CITY:			
STATE		ZIP:	
CAPACITY:		PHONE:	
NAME:			
STREET ADDRESS:			
CITY:			
STATE		ZIP:	
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NAME:			
STREET ADDRESS:			
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STATE		ZIP:	
CAPACITY:		PHONE:	
NAME:			
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CITY:			
STATE		ZIP:	
CAPACITY:		PHONE:	
NAME:			
STREET ADDRESS:			
CITY:			
STATE		ZIP:	
CAPACITY:		PHONE:	

12. **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.**

<b>LOCAL ADDRESS</b> <i>(Include City, State &amp; Zip)</i>			
NAME:			
STREET ADDRESS:			
CITY:			
STATE		ZIP:	
CAPACITY:		PHONE:	
NAME:			
STREET ADDRESS:			
CITY:			
STATE		ZIP:	
CAPACITY:		PHONE:	
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STREET ADDRESS:			
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CAPACITY:		PHONE:	
NAME:			
STREET ADDRESS:			
CITY:			
STATE		ZIP:	
CAPACITY:		PHONE:	

13.

**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 Dept. - Marie Mathine:			
Building & Safety Dept.:			

**COMMENTS**
