

APPLICATION FOR PAWNBROKER'S LICENSE

Governed by Lincoln Municipal Code Chapter 5.34

Revised 01/27/11

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

REQUIREMENTS - must be attached:

- \$5,000 Surety Bond executed by a surety company authorized to transact business in the State of Nebraska
- 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.
- Please read Lincoln Municipal Code Chapter 5.34 thoroughly before applying for a permit.
- Payment (Make checks payable to **City of Lincoln.**)
- **Once Permit is issued, you must contact Marie Mathine at the Lincoln Police Dept. to obtain your packet from them.**

RETURN APPLICATION & ALL ATTACHMENTS TO: City Clerk's Office, 555 S. 10th 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 Funds may be withdrawn immediately and your check will not be returned.)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 Teresa at (402) 441-7437.

Please PRINT using blue or black ink only.

APPLYING FOR . . .	
<input checked="" type="checkbox"/>	PLEASE CHECK ONE
	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: _____ _____

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

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

OWNER 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:					

MAILING ADDRESS					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	

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

LOCATION WHERE BUSINESS WILL BE CONDUCTED IN LINCOLN

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

LOCATION OF WHERE GOODS, WARES & MERCHANDISE ARE TO BE STORED

NAME:			
STREET ADDRESS:		ZIP:	
		PHONE #:	

EXPLAIN *IN DETAIL* THE NATURE OF BUSINESS

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

(continued on next page)

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

Applications are available on the City's web site at "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