

RENEWAL APPLICATION FOR A PAWNBROKER LICENSE

Lakewood Civic Center

Renewal applications shall be filed not less than thirty days prior to the expiration of the current license.

ADDITIONAL DOCUMENTS REQUIRED WITH APPLICATION

- New lease (if applicable)
- Copy of Bond Continuation Certificate
- Current copy of Certificate of Liability Insurance
- Copies of Balance Sheets and Income Statements for the preceding twelve-month period
- Updated After Hours Emergency Contact Form

FEES REQUIRED FOR LICENSE RENEWAL

• \$2,500.00 Nonrefundable license renewal fee

TERM OF RENEWAL

The term of a Pawnbroker Renewed License is for one year from the date of issuance.

If you have any questions regarding this packet, please call the City Clerk's office at 303-987-7080.

CITY OF LAKEWOOD

City Clerk's Office Lakewood Civic Center 480 S. Allison Parkway Lakewood, CO 80226-3127 Phone: 303-987-7080

Fax: 303-987-7088 TDD: 303-987-7057

RENEWAL APPLICATION FOR A PAWNBROKER LICENSE

1.	Applicant is a:	□ Individual	□ Partnership	□ Corporation	□ Limited Liability Company			
2.	Name of Applicant: name of company.	If partnership, lis	t partners' names; if o	corporation, name of cor	poration; if limited liability company,			
3.	Trade Name of Esta	blishment:						
4.	Address of Business	3 :						
5.	Local Business Pho	ne Number:		_ Corporation Phone N	lumber:			
	Limited Liability Com	npany Phone Nur	nber:					
	Local Email Address	s:						
6.	☐ This renewal reflects no changes since last application.							
	□ This renewal reflects the following changes from last application.							
7.	If corporation, please list names of corporate officers:							
	President:							
	Vice President:							
	Treasurer:							
	Directors:							



CITY OF LAKEWOOD+480 SOUTH ALLISON PARKWAY+LAKEWOOD CO+80226-3127

Alternative formats of this document are available upon request.

8.	List all stockholders owning 10% (or more) of the stock.								
	Name	Address	Date of Birth	Position	% of Ownership				
9.	If Limited Liability Company, please list;								
	Manager(s)								
10.	Members who hold membership interest of 10% or more of company:								
	Name	Address	Date of Birth		Membership Interest				
11.	Name of current of	n-premises manager:							
	If premises is leased, state name and address of the landlord and term of lease. If the lease has changed since last blication, attach a copy of the new lease.								
13.	List name of insura	ance company, insurance agent	, policy number and effective o	date of such poli	су:				
14.	Indicate the term date of bond that you presently have filed with the City of Lakewood:								
	Term beginning da	ite	and ending date						
15.	Submit a Continu	ation Certificate for the bond	with this renewal applicatio	n.					
		your balance sheets and inco. 24.090, of the Lakewood Mun		eding twelve-m	onth period as				
		or perjury in the second degreedest of my knowledge.	e that this renewal application	and all attachme	ents are true, correct,				
— Au	thorized Signature	and Title	Date						

UPDATED AFTER HOURS EMERGENCY CONTACT FORM

Please provide current contact information to help the Lakewood Police Department protect your property in the event of an after-hours emergency at your business. All information is confidential. If you have questions, call 303-987-7540. Mail or fax the completed form to the Lakewood Police Department, Special Investigations Unit, 445 S. Allison Pkwy, Lakewood, CO 80226. Fax: 303-987-7155.

Business Name:				
If storefront sign is d	ifferent, please indicate	that name her	re:	
Exact Business Addre	ess (include Unit #): _			
Codes/Passwords:				
Local Business Phone	e#:			
Please circle one:	Landline	Cell	VOIP	
Type of Business:		Hours of Operation:		
Alarm Company:		_ Phone	e:	
Alarm System (please	e circle all that apply):	Silent	Holdup	Audible
	(who have keys) in the an after-hours emergen			
Name:			Position:	
Home Address:				
Phone:	Cell Phone: _		Pager:	
Home Address:	C. II DI			
Phone:	Cell Phone:		Pager:	
Name:			Position:	
Home Address:				
Phone:	Cell Phone: _		Pager:	
emergency (for exar	ional information to h mple: guard dogs, en	nployees are		
		Print Name		- Date