



CITY OF LAKEWOOD

PAWNBROKER LICENSE

Lakewood Civic Center

It is unlawful for any person, firm, or corporation to conduct the business of pawnbroker within the city limits unless such person, firm or corporation shall have first obtained a pawnbroker's license from the City of Lakewood. All applicants for a pawnbroker's license shall file an application for such license with the City Clerk on forms to be provided by the Clerk.

TIME REQUIREMENTS CAN TAKE UP TO 90 DAYS

DOCUMENTS REQUIRED WITH APPLICATION

- Certificate of zoning
- Distance Requirement Affidavit
- Proof of applicant's right to possession of premises
- Authority for Release of Information
- Evidence that the corporation is in good standing under the statutes of the State of Colorado
- Foreign corporations shall provide evidence that the corporation is authorized to do business in the State of Colorado
- Updated After Hours Emergency Contact Form
- Insurance Policy (Refer to Section 5.24.290 SAFEKEEPING – INSURANCE)
- \$10,000 bond
- Each stockholder owning 10% (or more) of issued stock **MUST** complete an Individual Background Investigation Packet

FEES REQUIRED

- \$500.00 Nonrefundable application fee
- \$2,500.00 Annual license fee

TERM OF LICENSE

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

If you have any questions regarding a pawnbroker license, 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**

**INSTRUCTIONS/PROCEDURES FOR COMPLETING A
PAWNBROKER LICENSE APPLICATION**

Anyone seeking a Pawnbroker License in the City of Lakewood must complete an application packet.

All stockholders owning 10% (or more) of the issued stocks must complete an Individual Background Investigation Packet Report, be fingerprinted and have photographs taken.

Applicants/stockholders must schedule an appointment to be fingerprinted with the fingerprinting department (appointment information listed on cover sheet to the Individual Background Investigation Packet), come in to the City Clerk's Office at least 1 hour prior to your fingerprinting appointment for application review and receipting of fees.

If there is a manager other than an owner or stockholder, the manager must file a Manager Registration packet within 30 days of hire.

All questions must be fully answered, if a question is not applicable, write "n/a". If the answer is none, write "none". All supporting documents must be submitted and correspond exactly with the name of the business entity. The required fees must be included with the application. Incomplete applications will not be accepted.

All documents must be fully executed showing required signatures and dates.

Once review of application is completed, you will be sent to the Police Department for your fingerprinting and photographing appointment.

**All forms are to be TYPEWRITTEN or HANDWRITTEN IN BLACK INK
and submitted in DUPLICATE.**

DOCUMENT CHECKLISTS

I. PAWNBROKER LICENSE APPLICATION

- A. Pawnbroker Application
- B. Distance Requirement Affidavit
- C. Authority for Release of Information
- D. Updated After Hours Emergency Contact Form

II. PAWNBROKER LICENSE APPLICATION ADDITIONAL DOCUMENTS REQUIRED

- A. Certificate of zoning
- B. Proof of Applicant's right to possession of premises, please provide a copy of the deed or lease
- C. Evidence that the corporation is in good standing under the statutes of the State of Colorado
- D. Insurance Policy (Refer to Section 5.24.290 SAFEKEEPING – INSURANCE) (Attached to Pawnbroker Application)
- E. \$10,000 Bond
- F. Foreign corporations shall provide evidence that the corporation is authorized to do business in the State of Colorado

III. BACKGROUND INVESTIGATION APPLICATION

- A. Background Investigation Report
- B. Pawnbroker Attachment
- C. Authority for Release of Information
- D. Lawful Presence Affidavit

IV. INDIVIDUAL BACKGROUND INVESTIGATION ADDITIONAL DOCUMENTS REQUIRED

- A. Current personal financial statement or a balance sheet and income statement for the preceding twelve months prior to date of application
- B. Three letters of character reference

V. FEES

FEES ASSOCIATED WITH APPLICATION(S)

Annual License Fee (\$2,500.00)	\$ _____
Nonrefundable application fee (\$500.00)	\$ _____
Fingerprinting fee (\$16.50 per stockholder holding a 10% or more of issued stocks)	\$ _____
Total City Fees	\$ _____

**Please make checks payable to “City of Lakewood”
Visa/MasterCard accepted at front counter**

VI. MANAGER REGISTRATION

- A. Background Investigation Report**
- B. Pawnbroker Attachment**
- C. Authority for Release of Information**
- D. Lawful Presence Affidavit**

**VII. MANAGER REGISTRATION
ADDITIONAL DOCUMENT REQUIRED**

- A. Three letters of character reference**

VIII. MANAGER REGISTRATION FEES

Manager registration fee (\$150.00)	\$ _____
Fingerprinting fee (\$16.50) Payable to the City of Lakewood	\$ _____

**CITY OF LAKEWOOD, COLORADO
PAWNBROKER APPLICATION**

ALL INFORMATION MUST BE COMPLETED - Illegible and/or incomplete applications will be rejected

APPLICANT

1. Name of business: _____
2. Trade name of establishment (d/b/a): _____
3. Address of premises: _____
4. Business telephone: _____ 5. E-mail: _____
6. Applicant is a:
- _____ Sole Proprietorship _____ Partnership
- _____ Corporation _____ Limited Liability Company

SOLE PROPRIETORSHIP INFORMATION

7. If sole proprietorship, list the following information of proprietor:

Name	Address	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARTNERSHIP INFORMATION

8. If partnership, list the following information for each partner:

Name	Address	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIMITED LIABILITY INFORMATION

9. If limited liability company, list the following information for each member and manager:

Name	Address	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

CORPORATION INFORMATION

10. If corporation, list name: _____

11. If corporation, list names, addresses, and dates of birth of:

President _____

Vice-President _____

Treasurer _____

Secretary _____

Director _____

Director _____

12. List all stockholders owning 10% (or more) of the issued stock:

Name	Address	Date of Birth	Position	% ownership
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. If stock is pledged, state name and address of person or entity to whom pledged and terms thereof. If additional space is needed, use separate sheet. Attach copies of articles of incorporation and certificate of good standing from the State of Colorado. (If new corporation, attach certificate and articles of incorporation and organizational minutes.)

GENERAL INFORMATION

14. List any other persons who have a direct or indirect financial interest in this business and the percentage of their interest:

Name	Address	Date of Birth	Position	% ownership
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. Has the corporation, any officer, director, manager, stockholder owning or controlling 10% or more of the corporation, member, entity, or person having an interest in the business been adjudicated bankrupt, entered into a "Wage-Earner Plan" pursuant to Chapter XIII of the Federal Bankruptcy Act, or made a general assignment for the benefit of creditors during the past three years?

() Yes () No If yes, please explain on separate sheet.

16. Has a judgment based on fraud ever been entered against the applicant, manager, partner, officer, director, or stockholder?

() Yes () No If yes explain.

17. Has the applicant, manager, partner, officer, director, or stockholder ever held a pawnbroker's license?

Yes () () No If yes, complete the following.

Name of licensee: _____

Relationship to this applicant: _____

Dates license was held: _____

City and state where license was held: _____

18. Has the applicant, manager, partner, officer, director, or stockholder ever been denied a pawnbroker license?

() Yes () No If yes, complete the following:

Name of person denied a license: _____

Relationship to this applicant: _____

Date of denial: _____

City and state where denied: _____

Reason for denial: _____

19. Has the applicant, manager, partner, officer, director, or stockholder ever had a pawnbroker license suspended or revoked?

() Yes () No If yes, complete the following:

Name of person with suspended or revoked license: _____

Relationship to this applicant: _____

Dates of suspension or revocation: _____

City and state of suspension or revocation: _____

Reason for suspension or revocation: _____

FINANCIAL INFORMATION

20. State purchase price: _____

21. Cash to be invested:

By Whom	Bank & Account #	Amount-Source
_____	_____	_____
_____	_____	_____

22. Complete the following on all business loans obtained. Attach copies of loan agreements

By Whom	Bank & Account #	Amount-Source
_____	_____	_____
_____	_____	_____

23. List account name, bank, bank address, account number, and the names of all authorized signatories on all business accounts:

24. Is there a written management agreement: () Yes () No

25. Is there a written partnership agreement? () Yes () No

26. Attach copies of all written agreements. If there are no written agreements or contracts, a statement must be provided detailing the oral agreements.

ALL INFORMATION MUST BE COMPLETED - Illegible and/or incomplete applications will be rejected

PROPERTY INFORMATION

27. Is the building owned or leased? () Owned () Leased

28. Name and address of the owner of the building in which the premises is located:

29. Is the land owned or leased? _____

30. Name and address of the owner of the land upon which the building is located:

31. State the terms of the lease:

32. Attach a copy of deed, lease, or other document showing applicants right to possession of premises.

33. Name of applicants insurance company, agent, policy number, and effective date of policy:

I certify the information contained in this Pawnbroker Application, and all attachments hereto, is true and complete, and I understand that any misrepresentation or falsification may result in the rejection of this application or suspension/revocation of the license. I consent to the release of all financial information relative to this application.

I understand I have a continuing obligation to provide updated information on questions in applications submitted to the City. I understand I will need to be fingerprinted and photographed. Should an answer change, or new information becomes available, I will contact the City at 303-987-7080.

Applicant's Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

**DISTANCE REQUIREMENT
AFFIDAVIT**

State of Colorado

County of Jefferson

I, _____
do hereby state and affirm that there are no other pawnbroker businesses within a one
mile radius of _____
located at _____.

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____.

.....
FOR STAFF USE ONLY

Approval by Planning Department

Signature

Date

City of Lakewood

Police Department
445 South Allison Parkway
Lakewood, Colorado 80226-3105
Voice: 303-205-0910
TDD: 303-987-7111
Fax: 303-205-0920

AUTHORITY FOR RELEASE OF INFORMATION

Name _____
(Last) (First) (Middle)

_____ Date of Birth _____
Sex _____ *Month/Day/Year*

I, _____, do hereby authorize a review and full disclosure of all records specified below, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Lakewood Police Department, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me, wheresoever located.

I understand that all information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for licensing by the Lakewood Police Department. I understand that all materials pertaining to this background investigation become the property of the Lakewood Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is not approved, the sources of confidential information will not be revealed to me.

A photocopy of this signed release form will be considered valid as an original hereof.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Affiant's Signature

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

Expiration Date

(Notary Seal)

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 different, please indicate that name here: _____

Exact Business Address (include Unit #): _____

Codes/Passwords: _____

Local Business Phone #: _____

Please circle one: Landline Cell VOIP

Type of Business: _____ Hours of Operation: _____

Alarm Company: _____ Phone: _____

Alarm System (please circle all that apply): Silent Holdup Audible

Please list personnel (who have keys) in the order in which they should be called if someone is needed to respond to an after-hours emergency. List after-hours **LOCAL** numbers, not daytime.

Name: _____ Position: _____

Home Address: _____

Phone: _____ Cell Phone: _____ Pager: _____

Name: _____ Position: _____

Home Address: _____

Phone: _____ Cell Phone: _____ Pager: _____

Name: _____ Position: _____

Home Address: _____

Phone: _____ Cell Phone: _____ Pager: _____

Please provide additional information to help protect your business in case of an after-hours emergency (for example: guard dogs, employees are on-site 24 hours, hazardous materials stored on-site) _____

Signature

Print Name

Date

5.24.290 Safekeeping-Insurance.

Any pawnbroker licensed and operating under the provisions of this chapter shall provide a safe place for the keeping of pledged property received by him, and shall have sufficient insurance on the pledged property held by him for the benefit of the pledgor to pay fifty percent of the real value thereof in case of fire, theft, or other casualty loss, which policy shall be deposited with the City Manager or his designee prior to approval of the license. Neither the pawnbroker nor surety shall be relieved from their responsibility by reason of such fire, theft, or other casualty loss, nor from any other cause, save full performance. (Ord. O-89-61 § 1 (part), 1989).