



CITY OF LAKEWOOD

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
- * Total Amount of Pledged Property Value

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: If partnership, list partners' names; if corporation, name of corporation; if limited liability company, name of company.

3. Trade Name of Establishment:

4. Address of Business:

5. Local Business Phone Number: _____ Corporation Phone Number: _____

Limited Liability Company Phone Number: _____

Local Email Address: _____

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: _____

Secretary: _____

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
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Name of current on-premises manager: _____

12. If premises is leased, state name and address of the landlord and term of lease. If the lease has changed since last application, attach a copy of the new lease.

13. List name of insurance company, insurance agent, policy number and effective date of such policy:

14. Indicate the term date of bond that you presently have filed with the City of Lakewood:

Term beginning date _____ and ending date _____

15. **Submit a Continuation Certificate for the bond with this renewal application.**

16. **Submit copies of your balance sheets and income statements for the preceding twelve-month period as required in Section 5.24.090, of the Lakewood Municipal Code.**

I declare under penalty or perjury in the second degree that this renewal application and all attachments are true, correct, and complete to the best of my knowledge.

Authorized 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 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