

## **PAWNBROKER RENEWAL LICENSE APPLICATION**

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**

Nonrefundable license renewal fee	\$2,500.00
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Please make checks payable to "City of Lakewood"

Visa/MasterCard accepted at front counter

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

If you have any questions regarding Pawnbroker Licensing, please call the City Clerk's Office at 303-987-7080.

## RENEWAL APPLICATION FOR A PAWNBROKER LICENSE

1. APPLICANT:

is a (check one): \_\_\_\_\_ 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.

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3. Trade name of establishment:

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4. Full address of business:

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5. Local business phone number: \_\_\_\_\_

6. Corporation/Limited Liability Company phone number: \_\_\_\_\_

7. Local Email address: \_\_\_\_\_

8. This renewal reflects no changes since last application: \_\_\_\_\_ Yes or \_\_\_\_\_ No

If yes, list the changes:

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9. If corporation, please list names of corporate officers:

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Directors: \_\_\_\_\_

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

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

11. If Limited Liability Company, please list all managers.

_____
_____

12. Members who hold membership interest of 10% or more of company:

Name	Address	Date of Birth	Membership Interest
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_____	_____	_____	_____
_____	_____	_____	_____

13. Name of current on-premises manager: \_\_\_\_\_

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

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15. List name of insurance company, insurance agent, policy number and effective date of such policy: \_\_\_\_\_

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

Term beginning date \_\_\_\_\_ Term ending date \_\_\_\_\_

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

18. 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.

19. Total amount of Pledged Property Value: \_\_\_\_\_

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: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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 provision 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 relived 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).