## Application for License as Pawnbroker or Precious Metals Dealer Sedgwick County, Kansas

Application is hereby made by the undersigned for a license under the provisions of K.S.A. 16-7-6, et seq., and amendments thereto.

As provided by the aforesaid statutes, this application is accompanied by the sum of twenty-five dollars (\$25.00) as a license fee for the period terminating one year following the issuance of such license.

Date:					
	RIETORSHIPS				
To be filled in by those	e operating as individuals				
Name of Applicant:					
Age: Date of birth:	SSN:				
Applicant's resident address:					
Address where business conducted:					
Business phone:	Residence phone:				
Hours of operation: a.m. to p.m.	Days of operation:				
Spouse of applicant:					
Age: Date of birth:	_ SSN:				
Spouse's residence address:					
PARTNERSHIPS					
To be filled in by each person operating as partners					
Name of partner:					
Age: Date of birth:	_ SSN:				
Partner's residence address:					
Spouse of partner:					
Age: Date of birth:	SSN:				
Spouse's residence address:					

CORPORATIONS & ASSOCIATIONS
To be filled in for all officers, stockholders and members of organization

Corporation name:		
Individual officers, stockholders a	and members:	
Name:		_ Title:
Age: Date of birth:	SSN: _	
Spouse's name:		
Age: Date of birth:	SSN:	
Spouse's residence address:		
Name:		_ Title:
Residence address:		
Spouse's name:		
Age: Date of birth:	SSN:	
Spouse's residence address:		
Name:		
Age: Date of birth:	SSN:	
Residence address:		
Spouse's name:		
Age: Date of birth:	SSN:	
Spouse's residence address:		
Name:		_ Title:
Age: Date of birth:	SSN:	
Residence address:		
Spouse's name:		
Age: Date of birth:	SSN:	
Spouse's residence address:		
Business phone:	cted: Hours of operation	n: a.m. to p.m.
Days of operation: State of incorporation:	_ Date of incorporation	
Registered office address:	stered office:	

Age:	Date of birth	SSN	
Partner's re	sidence address:		
Spouse of p	partner:		
Age:	Date of birth	SSN	
Partner's re	sidence address:		
Name of pa	rtner:		
Age:	Date of birth	SSN	
Partner's re	sidence address:		
Spouse of p	partner:		
Age:	Date of birth	SSN	
Partner's re	sidence address:		
Name of na	rtner		
		SSN	
		5514	
		SSN	
Partner's re	sidence address:		
Name of pa	rtner:		
Age:	Date of birth	SSN	
Partner's re	sidence address:		
Spouse of p	partner:		
Age:	Date of birth	SSN	
Partner's re	sidence address:		
	ere business conducted:		
Address wh			

## GENERAL STATEMENTS APPLICABLE TO ALL APPLICANTS

State of Kansas

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Sedgwick County

I, the undersigned applicant or authorized agent for the applicant, of lawful age, after being duly sworn upon oath, do hereby certify and state as follows:

- 1. The applicant is the holder of a valid registration certificate issued by the Director of Revenue pursuant to K.S.A. 79-3608 for each place of business for which application for a license is made.
- 2. I have attached hereto a detailed inventory and description of all goods, wares, merchandise, precious metals or other property held in pledge or for sale at the time of this application at each place of business for which application for a license is made, which indicates whether the item was received in pledge, purchased as secondhand merchandise or precious metal purchased for resale.
- 3. Each individual, partner, officer, stockholder or member of any sole proprietorship, partnership, corporation or association making this application is eligible to receive the requested license for the reason that:
  - a. He or she is a citizen of the United States;
  - b. He or she has been a resident of the State of Kansas for at least two (2) years immediately preceding the date of this application;
  - c. He or she and his or her spouse, if one have not been convicted of or pled guilty to any felony of any state or of the United States, or forfeited any bond to appear in court to answer charges for any such offense within ten (10) years immediately preceding the date of this application;
  - d. He or she and his or her spouse, if one, have not had his or her license revoked for cause pursuant to K.S.A. 16-706 et seq.;
  - e. He or she is least twenty-one (21) years of age;
  - f. The applicant owns the premises for which a license is sought, or has a written lease on the same for at least three-fourths of the license period;
- 4. The applicant agrees to submit the weekly report required by K.S.A. 16-715 to the Sheriff of Sedgwick County in writing on or before Tuesday of each week, or as otherwise required by county resolution.
- 5. All information and statements contained in this application for license as pawnbroker or precious metals dealer and supporting documents are true and correct.

Applicant or Applicant's agent

Subscribed and sworn to before me on this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_, 20\_\_\_\_\_.

Notary Public

My appointment expires: \_\_\_\_\_\_