

**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: _____

SOLE PROPRIETORSHIPS
To be filled in by those 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 and members:

Name: _____ Title: _____

Age: _____ Date of birth: _____ SSN: _____

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: _____

Name: _____ Title: _____

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: _____

Address where business is conducted: _____

Business phone: _____ Hours of operation: _____ a.m. to _____ p.m.

Days of operation: _____

State of incorporation: _____ Date of incorporation _____

Registered office address: _____

Registered agent in charge at registered office: _____

Name of partner: _____

Age: _____ Date of birth _____ SSN _____

Partner's residence address: _____

Spouse of partner: _____

Age: _____ Date of birth _____ SSN _____

Partner's residence address: _____

Name of partner: _____

Age: _____ Date of birth _____ SSN _____

Partner's residence address: _____

Spouse of partner: _____

Age: _____ Date of birth _____ SSN _____

Partner's residence address: _____

Name of partner: _____

Age: _____ Date of birth _____ SSN _____

Partner's residence address: _____

Spouse of partner: _____

Age: _____ Date of birth _____ SSN _____

Partner's residence address: _____

Name of partner: _____

Age: _____ Date of birth _____ SSN _____

Partner's residence address: _____

Spouse of partner: _____

Age: _____ Date of birth _____ SSN _____

Partner's residence address: _____

Address where business conducted: _____

Business phone: _____ Hours of operation: _____ a.m. to _____ p.m.

Days of operation: _____

