

City of Caldwell PO Box 1179 411 Blaine Street Caldwell, ID 83606 Phone: 455-4656

Fax: 455-3003

PAWNBROKER LICENSE

RENEWAL APPLICATION

Date:	FEE: \$50.00
	ant to Title IV, Chapter 3, Caldwell City Code, I hereby make application to al the Pawnbroker License.
Name	of Applicant:
Name	of Business: Phone:
Busin	ess Address:
Mailin	g address if different from location:
E-Mail	Address:
Owne	r Date of Birth: Last 4 #'s of Social Security:
ATTA	CHMENT REQUIRED: COPY OF CURRENT DRIVER'S LICENSE
Name	of Operating Manager:
ls Bus	siness: IndividualPartnershipCorporation
record	Every Pawnbroker shall keep a record of article pledged with him or sold to him, and this shall be open to the inspection of any Police Officer at anytime during the hours oess. Such records shall be upon a form as required by the Chief of Police.
1.	Have you, or the person named as operating manager, within the past 3 years, beer convicted of, paid any fine, been placed on probation, received a deferred sentence received a withheld judgment, suffered the forfeiture of a bond for failure to appear o completed any sentence of confinement for any felony or misdemeanor? Yes Note If yes, give details:
2.	Have you had a similar license revoked by this City or any other City of this State or the United States? Yes No If yes, give details:

 Do you hereby authorize the City of Caldwell, its agents and its employees, to see information and conduct an investigation into the truth of the statements set forth in yo application and qualifications? Yes No INITIAL: 			
STATEMENT UNDER OATH:			
Being first duly sworn, deposes and says that he/she is making the foregoing application and made said statements therein and hereafter for the purpose of securing a Pawnbroker License with the corporate limits of the City of Caldwell; and affirms that the facts stated above and hereafter are true; and he/she is familiar with the Ordinance of the City of Caldwell relative to Pawnbrokers.			
Applicant Signature			
Subscribed and sworn to before me thisday of20			
Notary Public for the State of Idaho Residing at Commission Expires: APPLICANT: DO NOT WRITE BELOW THIS LINE			
Police Record Check			
Name of CPD Staff Person Conducting Review:			
Comments:			
Approved or Denied - Planning & Zoning Director:			
Date:			
Approved or Denied - Chief of Police:			
Date:			
Approved or Denied - City Clerk:			
Date:			