Pawnbroker Application

Please Type or Print

City Clerk's Office
500 E. Third Street
Loveland, CO 80537
970-962-2000

City of Loveland

☐ **NEW LICENSE/TRANSFER** ☐ **LICENSE RENEWAL** ☐ **MANAGER CERTIFICATE**
☐ **MANAGER/CORP. CHANGE CERTIFICATE**

Applicant Information

1. Applicant is applying as a:
☐ Corporation
☐ Partnership (Includes Limited Liability and Husband and Wife Partnerships)
☐ Individual (Affidavit of Lawful Presence)
☐ Limited Liability Company
☐ Association or Other

2. Applicant Name:		FEIN #
3. D/B/A Name:	State Sales Tax No.	Business Telephone
4. Address:		5. Contact Phone and email address:
City:	State:	Zip Code:
Contracts for Purchase Tracking Service: Must be active during the entire term of the license. If changed, applicant shall notify the City Clerk within 24 hours. ☐ LEADS ☐ OTHER	URL Web Address:	

Application Fees

☐ Annual License Fee.....(not prorated).....$100.00
☐ New License/Transfer non-refundable application fee.....$400.00
☐ License Renewal and Manager/Corporate Change non-refundable application fee $100.00
☐ Managers Certificate non-refundable application fee.....$100.00

Documents Required from Applicant (attach copies to application)

☐ Application and License Fees to the City of Loveland	☐ Diagram of the Premises (no larger than 8½" x 11")
☐ Copy of City of Loveland Sales Tax License	☐ Valid Colorado ID or state issued Driver's License
☐ Proof of Possession of property (Deed or Lease in the name of the applicant on Line #2)	☐ History Form and ID for each individual identified on Lines 13, 14, 15 and Manager Certificate applicants

☐ Applicant Information
- ☐ Corporation: Certificate of Incorporation or Certificate of Good Standing if more than 2 years old; list of officers, directors and stockholders of parent corporation. If foreign corporation: Certificate of Authorization
- ☐ Partnership: Agreement (General of Limited) Not needed if Husband and Wife.
- ☐ Limited Liability Company: Copy of articles of organization (date stamped by Colorado Secretary of State's Office); Copy of operating agreement. If foreign company: Certificate of Authority
- ☐ Change in Manager or Corporate structure: History form, fingerprints, photo and Application

6. Does the Applicant, as listed on line 2 of this application, have legal possession of the premises by virtue of ownership, lease or other arrangement?
☐ Ownership ☐ Lease ☐ Other (Explain in Detail) _____
a. If leased, list name of landlord and tenant, and date of expiration, exactly as they appear on the lease:

Landlord	Tenant	Expires

b. Attach a diagram and outline or designate the area to be licensed, including the dimensions. Please indicate entrances, exits and what each room shall be utilized for in this business. Diagram should be no larger than 8 ½ " x 11".

Questions 7 - 12 are For Transfers Only

7. When was the original issue date of the license seeking to be transfered? _____

8. Will the Applicant/Transferee relocate the pawnbroker business to another location within the City?
☐ Yes ☐ No

9. Is the proposed new location within a one mile radius (as measured under LMC 5.28.220(B) of another pawnbroker?
☐ Yes ☐ No ☐ Not Applicable

10. Did the original Licensee/Transferor have a grandfathered right to relocate the business via possession of a City Sales Tax License, issued to a pawnbroker defined in LMC 5.25.010, that was issued prior to February 21, 2012, pursuant to LMC 5.28.220(A)?
☐ Yes ☐ No (skip question 11 and associated subparts)

11. Does the Applicant/Transferee acknowledge that any grandfathered right under LMC 5.28.220(A) will be extinguished upon the granting of this application, and that the transferred license shall not entitle the Applicant/Transferee or any other subsequent transferees to relocate within a one mile radius of another pawnbroker at any time in the future, if the grandfathered right under LMC 5.28.220(A) is exercised at the time of transfer to the Applicant/Transferee?
☐ Yes ☐ No (the Transferee intends to retain the grandfathered right transferred with the license to be exercised at another time)

I do hereby affirm that I understand the above and acknowledge that I am not permitted to relocate my pawnbroker business again (regardless of the form of ownership) within a one-mile radius, as measured under LMC 5.28.220(B), of another pawnbroker at any time in the future
☐ Yes ☐ No (the Transferee intends to retain the grandfathered right transferred with the license to be exercised at another time)

I do hereby affirm that the transferor: A) Possessed a grandfathered right under LMC 5.28.220(A) because the transferor pawnbroker business held a City Sales tax license prior to February 21, 2012; and B) at no time did the transferor relocate from the original location of the business to a location that was within a one mile radius of another pawnbroker or otherwise already extinguish the grandfathered right under LMC 5.28.220(A); and C) that the Transferor will relinquish the license, subject to the granting of this application tendered by Applicant/Transferee.
☐ Yes ☐ No ☐ Not Applicable

Signature:

Date:

12. Does the Transferee acknowledge that, should this application for transfer be denied, that the license shall remain or revert back to the original Owner/Transferor? ☐ Yes ☐ No

Transfer Documents Required from Applicant (attach copy to application, if applicable)

☐ Notarized acknowledgement from the Transferee and Transferor that any grandfathered right under LMC 5.28.220(A) will be extinguished by the granting of this application.

Manager and Ownership Information

13. Name of Manager(s): Please list any and all names of Manager(s) and indicate those needing a Manager Certificate by checking Yes or No:

Name	Title and date employed	Yes	No
		☐	☐
		☐	☐
		☐	☐

14. If applicant is a corporation, partnership, association or limited liability company, applicant must list ALL OFFICERS, DIRECTORS, GENERAL PARTNERS, AND MANAGING MEMBERS. In addition, applicant must list any stockholders, partners or members with OWNERSHIP OF 10% OR MORE IN THE BUSINESS. **ALL PERSONS LISTED BELOW must also attach an individual history form and submit fingerprints with the application** along with a $16.50 money order made out to: CO Bureau of Investigations.

NAME	HOME ADDRESS CITY & STATE	POSITION	%OWNED

15. Please list any other persons who have a direct or indirect financial interest in this business and the percentage of their interest.

Name	% owned	Name	%OWNED
a.		c.	
b.		d.	

By my signature below, I swear and affirm that the information contained in this application and all attachments are true, correct and complete to the best of my knowledge. I also certify that I have read and acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of Loveland Municipal Code Chapter 5.28.

Authorized Signature	Title	Date

For Office Use			
Required City Signatures			
Police Department	Date	Zoning	Date
Comments:		Comments:	
Fire Marshall	Date	Sales Tax	Date
Comments:		Comments:	

City Clerk's Office	
Date Application Received:	Date certificate issued:
Date Fingerprints sent to CBI:	Date CBI Report Received:
Pawnbroker License #:	
City Clerk Signature of Approval:	Approval Date:

Pawnbroker

INDIVIDUAL HISTORY FORM

Please type or print

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500 E. Third Street
Loveland, CO 80537
970-962-2000

City of Loveland

Each individual applicant, partner of a partnership, manager of a limited liability company, officer, director and holder of ten percent (10%) or more of corporate stock of the corporate applicant or holder of ten percent (10%) or more interest in a limited liability company and all managers must complete this form.

NOTICE: This individual history record provides basic information which is necessary for the City investigation for your Pawnbroker's license. All questions must be answered in their entirety or your application may be delayed or not processed. Any falsehood or omission may be cause for denial.

☐ **OWNER/MEMBER** ☐ **MANAGER CERTIFICATE** ☐ **MANAGER CERTIFICATE RENEWAL (3 YEAR)**

1. Name of Business

2. Your Full Name (last, first, middle)	**3. List any other names you have used.**
4. Mailing Address (if different from residence)	**5. Telephone number and Email address:**

6. List all residence addresses below. Include current and previous address for the past five years.

NUMBER AND STREET NAME	CITY, STATE, ZIP	FROM	TO
Current			
Previous			

7. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence or forfeited bail for any criminal offense or do you have any charges pending? If yes, attach written detailed explanation, including evidence of rehabilitation.
☐ **Yes** ☐ **No**

8. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? If yes, attach written detailed explanation.
☐ **Yes** ☐ **No**

9. Have you ever had any government-issued license or permit suspended, revoked, or denied including a driver's license? If yes, attach written detailed explanation.
☐ **Yes** ☐ **No**

10. Have you previously held an interest in a pawnbroker business or been employed in the pawnbroker industry? If yes, attach written detail/explanation.
☐ **Yes** ☐ **No**

Unless otherwise provided by law, the personal and financial information provided below will be treated as CONFIDENTIAL.

11a. Birth Date	**b. Social Security Number SSN**	**c. Place of Birth**	**d. U.S. Citizen** ☐ **Yes** ☐ **No**

e. If Naturalized, state where	**f. When**	**g. Name of District Court**

h. Naturalized Certificate #	**i. Date of Certification**	**j. If an Alien: Alien's Registration Card #**	**k. Permanent Residence Card Number**

12. Financial Information
Name of bank where business account will be maintained; Account Name and Account Number and the name of persons authorized to draw thereon.

Account Name	Account Number	Persons Authorized To Draw (Last, First, MI)

Oath of Applicant

I swear or affirm that I have read Chapter 5.28 of the Loveland Municipal Code and understand the obligations and requirements of that Code chapter. I also swear or affirm that this application is complete and all information and attachments are true, correct, and complete to the best of my knowledge.

Signature	**Title**	**Date**

REQUIRED FOR
INDIVIDUAL / SOLE PROPRIETOR

AFFIDAVIT – RESTRICTIONS ON PUBLIC BENEFITS

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

___ I am a United States citizen.

___ I am not a United States citizen but I am a Permanent Resident of the United States.

___ I am not a United State citizen but I am lawfully preset in the United States pursuant to Federal law.

___ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature	Date

City of Loveland

Fingerprinting Instructions for Pawn Broker

On 9/24/2018, the State of Colorado Bureau of Investigation (CBI) implemented a new fingerprinting system called CABS (Colorado Applicant Background Services), for noncriminal fingerprinting. Effective 11/1/2018, paper fingerprint cards for liquor licensing are no longer accepted and must be completed electronically.

The Vendors are as follows:

IdentoGO (aka Idemia)

- 844-539-5539 (toll free)
- https://uenroll.identogo.com/
- Service Code for Pawn Broker is 25YQBF
- The City's CBI account number is CONCJ5431

Colorado Fingerprinting

- 303-292-2722 or 833-224-2227 (toll free)
- http://www.coloradofingerprinting.com/
- Service Code for Pawn Broker is 5431PUBA
- The City's CBI account number is CONCJ5431

You MUST schedule an appointment

- Payment is due, at the location, payable by business check, money order, or credit card in the name of the person being fingerprinted
- Fingerprinting at the location – Fingerprints are electronically sent to the State. You should not receive any paper fingerprint cards.
- Background check results will be sent to City of Loveland (the "requesting agency")