



City of Port Orchard

City Clerk's Office

216 Prospect Street, Port Orchard, WA 98366

(360) 876-4407 • FAX (360) 895-9029 • cityhall@cityofportorchard.us

www.cityofportorchard.us

PAWNBROKER LICENSE APPLICATION

(PORT ORCHARD MUNICIPAL CODE 5.40)

Pawnbroker's Licenses are issued per calendar year: fees will not be prorated and are nonrefundable.

Fee: \$100.00

Upon receipt of this application and fees, the City Clerk's Office will review and forward to the Port Orchard Police Department for recommendation. A detailed background sheet is attached and must be completed by each party, which has financial or proprietary or other interest in such pawnshop. All rules and regulations are pursuant to City of Port Orchard Municipal Code 5.40. Application and background sheet must be completed in full, incomplete applications will be returned to the applicant.

City Business License No: (Pawnbroker License cannot be issued unless your City Business License is current)					
Do you have an active City Business License: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Business Name:					
Street Address:			Mailing Address: (if different from street address)		
City:	State:	Zip:	City:	State:	Zip:
Telephone Number:		Email:			
Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other					

Please list all persons with financial or proprietary or other interest in pawnshop:

Name(s)

Name(s)

Background Information

A separate Background Information sheet must be completed by each party, who has financial or proprietary or other interest in such pawnshop. *Failure to provide complete history regarding criminal & traffic related offenses will result in denial of your application.*

Full Legal Name: (Last, First, Middle)			Home Phone Number:		
Other Names by Which You Have Been Known:					
Home Address:			Previous Address: (if less than 2 years)		
City:	State:	Zip:	City:	State:	Zip:
Phone:	Alternate Phone:		Email:		
SSN:	Drivers License No:	State:	Sex:	Height:	Weight: Eyes: Hair:
Date of Birth:			Birth Place:		

Have you ever been charged with the violation of any law or ordinance relating to pawnbrokers? Yes No
 If yes, give date, court and disposition of case:

Have you ever been charged with any criminal offense, including felony traffic offenses or driving under the influence of intoxicants? Yes No
 If yes, give date, court and disposition of case:

REFERENCES: - Contact information of two (2) persons who have known you for a period of two (2) years. **(Not including relatives)**

Name	Mailing Address	Phone No.
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Name	Mailing Address	Phone No.
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I hereby authorize the Port Orchard Police Department to conduct a background investigation and obtain any and all information they may request concerning my work record, military record, criminal record and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for a pawnbroker license. Any and all information may be released to the City Clerk's Office.

I hereby release the City of Port Orchard, its Police Department, and any duly authorized City employee from any liability which may or could result from furnishing the information requested above or for any subsequent use of such information in determining my qualifications for the license described.

This form or a copy may be retained in your files and a photocopy will serve as an original.

The information on this form is considered a public record and is subject to public disclosure laws in Chapter 42.56 RCW.

Signature

Date

FOR CITY CLERK'S OFFICE USE ONLY

Date Application Received: _____

Date Routed to Police: _____

Amount of License Fee Paid: _____

Receipt No: _____

Reviewed By: _____

Decision of Police Department: Approve____ Disapprove____ Date of Decision: _____

Conditions: _____