



BUSINESS LICENSE DIVISION

Neighborhood Resource Center

Unified Government of Wyandotte County/ Kansas City, Kansas

4953 State Avenue, Kansas City, Kansas 66102

p. (913) 573-8780 | f. (913) 573-8622 | www.wycokck.org/businesslicense

Office Use 12-19

Parent Record # _____

BUSINESS ADDRESS _____

PAWNBROKER OR PRECIOUS METALS DEALER

LICENSE APPLICATION

PLEASE PRINT THE FOLLOWING INFORMATION.

Date: _____

City of: _____ County of: _____

Application is hereby made by the undersigned for a license under the provisions of the Pawnbroker's and Precious Metal Dealer's Act, K.S.A. 16-706 *et seq*, for a:

Pawnbroker's License

OR

Precious Metal Dealer's License

This application is accompanied by \$25.00 as a license fee for the period terminating one year following the issuance of the license.

1. License to be issued to:

- Individual
- Partnership
- Corporation
- Firm, company or association

2. A. If an individual, please state the full name and residence address, city and zip code:

Phone: _____ Date of Birth: _____ Age: _____ U.S. Citizen? YES [] NO []

B. If a partnership, please state the full name of each partner and the residence address of each.

Phone: _____ Date of Birth: _____ Age: _____ U.S. Citizen? YES [] NO []

Phone: _____ Date of Birth: _____ Age: _____ U.S. Citizen? YES [] NO []

C. If a corporation, please state the full name of such corporation or and where incorporated.

Please state the full name of each officer, shareholder, or member of such corporation, the office or position of each, and the residence address of each. (Attach additional sheet if needed)

D. If a firm, company or association, please state the name of each owner and the residence of each.

Please state the full name of each officer, manager, director and shareholder of such firm, company or association, the office or position of each and the residence address of each. (Attach additional sheet if needed)

3. Please state the address of location in which applicant wishes to conduct business in Kansas City, Kansas. (separate application is required for additional locations)

4. Please state the hours and days of the week during which applicant proposes to engage in the business of Pawnbroker or Precious Metals Dealer at the place of business mentioned above.

5. Is the applicant the holder of a valid Retailers Sales Tax Certificate issued by the Director of Revenue pursuant to K.S.A. 79-3608, for each place of business for which application for license had been made?

YES NO

Sales Tax #: _____

FEIN: _____

NOTICE: Questions #6 (A-F) through #7 must be answered in regard to all individuals, all partners of a partnership, all officers, managers, directors, and stockholders of a corporation or firm, company or association that is applying for a pawnbroker's or precious metals license. If there is more than one person in the category, please make a copy of this page for the other persons to complete and attach it to the application. (Please attach separate sheet if additional space is needed)

6. Applicant Name: _____

A. Are you a citizen of the United States?

Yes No

B. Are you now, and have you been, an actual resident of the State of Kansas for at least two (2) years immediately preceding the date of this application?¹

Yes No

¹ Although Attorney General Opinion No. 98-44 opined that the statutory provision establishing a Kansas residency requirement is unconstitutional, K.S.A. 16-708(b) making Kansas residency a requirement for a pawnbroker's and precious metal dealers license has not been amended.

C. Have you or your spouse ever been convicted of or pleaded guilty to a felony, under the laws of this state, or any other states, or of the United States, or has either of you ever forfeited a bond to appear in court to answer charges for any such offense within ten (10) years immediately prior to this application for a license?

You: Yes No

Your Spouse: Yes No

D. Have you or your spouse ever had a pawnbroker's or precious metals license revoked?

You: Yes No

Your Spouse: Yes No

If, YES, explain _____

E. Are you twenty-one (21) years of age or older?

Yes No

F. Do you own the premises for which a license is sought, or do you have a written lease therefore at least, three-fourths (3/4) of the period for which the license sought is to be issued?

Own Lease

If leased, please attach a written lease for at least 9 months of the period for which the license is to be issued.

7. I agree that I will maintain all current and applicable state licenses and I will notify the License Administrator within five (5) business days of any changes in status of the state license. _____ (initial)

By signing this application the applicant indicates that he/she is willing and able to comply with all requirements pursuant to the Code of Ordinances of the Unified Government, and the rules and regulations of the Unified Government License Division.

Signature of Applicant Date

Office or Position of Applicant if Applicant is a Corporation or Association

Applicant has attached hereto a detailed inventory and description of all goods, wares, merchandise or other property held in pledge or for sale at the time of this application, at each place of business stated above, said inventory or inventories indicating whether or not all goods, ware, merchandise or other property was received in pledge or purchased as second hand merchandise. If you need additional space, make a copy of this page and number the additional pages at the bottom.

AFFIRMATION OF OATH

_____, BEING FIRST DULY SWORN, UPON OATH DEPOSES AND SAYS: That such person is the applicant who makes the above and foregoing application; that such person has read and signed the same, knows the contents thereof and that all statements therein contained are true.

Signature of Applicant

State of Kansas)
County of)

Subscribed and sworn to before me, a Notary Public in and for said County and State, this _____ Day of _____, 20_____.My Commission expires _____ Notary Public _____