

DATE _____
REC. NO. _____
FEE \$ _____
LIC. NO. _____
APPROVED _____

**CITY OF EMPORIA, KANSAS
APPLICATION FOR PAWNBROKER'S LICENSE
Form Approved by Kansas Attorney General
FEE \$25.00**

1. License to be issued to an individual (), a partnership (), or corporation ()?

A. If an individual, **please state your full name and date of birth and residence.** _____

B. If a partnership, **please state your full name and date of birth and residence of each.** (Each partner must be eligible to receive a license.) _____

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

Please state the full name of each officer, shareholder or member of such corporation or association, the capacity of each and the residence of each. **(All officers, managers, directors and stockholders must be eligible to be licensed as an individual.)** _____

3. Please state the address or addresses of any and all places of business, where each individual, partnership, corporation or association is to be doing business in Kansas. _____

4. Please state the hours of the day and days of the week during which applicant proposes to engage in the business or pawnbroking at each place above mentioned.

Sunday _____
Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____

5. Is the applicant the holder of a valid registration certificate issued by the Director of Revenue pursuant to K. S. A. 79-3608, for each place of business for which application for license has been made?
Yes (), No ()

6. Applicant has attached hereto a detailed inventory and description of all good, wares, merchandise or other property held in pawn 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, wares, merchandise or other property was received in pawn or purchased as second hand merchandise.

NOTE: QUESTION #7 MUST BE ANSWERED IN REGARD TO ALL INDIVIDUALS, ALL MEMBERS OF A PARTNERSHIP, ALL OFFICERS, SHAREHOLDERS OR MEMBERS OF CORPORATIONS OR ASSOCIATIONS WHICH ARE APPLYING FOR A PAWNBROKER'S LICENSE:

Please X the following:

7. 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? **Yes (), No ()**

C. Have you ever been convicted of or pleaded guilty to a felony, or has your spouse ever been convicted of or pleaded guilty to a felony, under the laws of this state, or any other state, of the United States, or has either of you ever forfeited a bond to appear in court to answer charges for any offense within the ten (10) years immediately prior to this application for a license?
Yes (), No ()

D. Have you or your spouse ever had a pawnbroker's license revoked? **Yes (), No ()**

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 for at least three fourth (3/4) of the period for which the license sought is to be issued?
Own (), Lease ()

G. Do you have a spouse also eligible for such license, save for age, citizenship and residency requirements?
Yes (), No (), Name _____

Approved () Disapproved ()

Signature of Applicant

Chief of Police

**LICENSE FEE OF \$25.00 IS ENCLOSED
HEREWITH**

AFFIRMATION ON OATH

_____, being, first duly sworn, upon oath deposes and says: That he is the applicant who makes the above foregoing application; that he has read and signed the same, knows the contents thereof and that all statements therein contained are true.

Signature

STATE OF KANSAS, COUNTY OF _____, ss:

Subscribed and sworn to before me, a Notary Public in and for said county and state, this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____