

Application For License



Approved ( ) Denied ( )

Date

Chief of Police

Reviewed ( )

Date

City Auditor

City Commission
Approved ( ) Denied ( )

\$250 Investigation Fee Paid: Yes ( ) No ( )

Date:

Check No.

Date Paid:

Application For Pawn Broker, Second Hand Dealer, and Dealers in Precious Metals

The applicant filing this application admits and agrees:

- That applicant has a copy of the pawn broker, second hand dealer, and dealer in precious metal ordinance and is familiar with the conditions and requirements set forth and contained therein.
•That applicant is familiar with the questions, answers, and information as now appears in this completed application for an pawn broker, second hand dealer, and dealer in precious metals, and that the answers and information are, to applicant's belief and knowledge, true, correct, and complete.
•That applicant, if granted a pawn broker, second hand dealer, and dealer in precious metal license, will obey, abide by, and comply with the North Dakota Banking statutes, City ordinances pertaining to the above dealers, state statutes and City ordinances pertaining to theft and stolen property, and any amendments to either which may from time to time be made.
•That the premises described in this application, if licensed for pawn, second hand, or precious metal dealings, may be inspected at any time by the Chief of Police, or any officer of the Police for the purpose and as set out in the ordinance.

Name of Applicant d/b/a

Business Address (Location)

Mailing Address

Email Address

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**Application For License**

Telephone number \_\_\_\_\_

**This application is for the Class or Classes of Licenses checked:**

- Pawn Broker (\$100 per year fee)
- Second Hand Dealer (\$100 per year fee)
- Precious Metals and Gems (\$100 per year fee)

**The Applicant Is An: Individual ( ); Partnership ( ); Corporation ( )**

If Applicant Is An **Individual Or Partnership**, Fill Out The Following Information Regarding Individual Or Partners:

NAME & TITLE	ADDRESS	PHONE #	DATE OF BIRTH	SOC SEC #

Are all of the above persons 21 years of age or older? Yes ( ); No ( )

Are all of the above persons legal and bona fide residents of the City of Fargo and State of North Dakota?  
Yes ( ); No ( )

## Application For License

IF APPLICANT IS A **CORPORATION OR LLC**, PLEASE FILL OUT THE FOLLOWING INFORMATION REGARDING ALL OFFICERS AND DIRECTORS.

NAME & TITLE	ADDRESS	PHONE #	DATE OF BIRTH	SOC SEC #

State name and address of all shareholders holding 5% or more of the outstanding stock of the said corporation

NAME	ADDRESS	PHONE #	DATE OF BIRTH	SOC SEC #

Are all officers, directors, and shareholders holding more than 5% of the outstanding stock 21 years of age or older?  
 Yes (  );                      No (  )

Address \_\_\_\_\_ of \_\_\_\_\_ Home Office \_\_\_\_\_  
 Date \_\_\_\_\_ Incorporated \_\_\_\_\_ State \_\_\_\_\_ of  
 Incorporation \_\_\_\_\_

If a subsidiary of any corporation, state name and address of parent corporation \_\_\_\_\_  
 \_\_\_\_\_

Person who will have charge, control, or management of the business for which this license is requested. (Manager must reside within Cass or Clay County and must be 21 years of age.)

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

If a corporation, state name and address of another full-time employee who is the agent of the corporation, who is 21 years of age or older and resides in Cass or Clay County.

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

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### Application For License

Are there any delinquent taxes against the premises?

Yes (  );                      No (  )

1) Has the applicant, or any individual required to be listed above as a partner, manager, officer, director or shareholder, ever had a license revoked or rejected by any federal, state, or local agency?

Yes (  );                      No (  )

2) Has the applicant, or any individual required to be listed above as a partner, manager, officer, or shareholder, ever been convicted of the violation of any law of the United States, or any state; or of any local ordinance with regard pawns or second hand merchandise?

Yes (  );                      No (  )

3) Has the applicant, or any individual required to be listed above as a partner, manager, officer, or shareholder, ever had a license for pawn broker, second hand dealer, or precious metals and gems revoked for any violation of the state laws or local ordinances?

Yes (  );                      No (  )

4) Has the applicant, or any individual required to be listed above as a partner, manager, officer, or shareholder, ever been convicted of any other crime than that stated above in North Dakota, or any other state, or under any federal law?

Yes (  );                      No (  )

If any answer to 1,2,3, or 4 above is yes, please attach a written explanation including the individual's name, and explanation of the circumstances, including the jurisdiction involved and date.

Will any other person other than the applicant have any right, title, estate, or interest in the real estate leasehold, or in the furniture, fixtures, equipment, or stocks of the merchandise in the premises to be licensed?

Yes (  );                      No (  )

Does applicant have any interest, directly or indirectly, in any other pawn, second hand, or precious metal and gem business, within or out of the State of North Dakota?

Yes (  );                      No (  )

If yes, list the names and addresses of such establishments. This provision is meant to include the holders of stocks in any corporation dealing in pawns or second hand merchandise within the borders of the United States of America.

NAME	ADDRESS	PHONE NUMBER

Please list at least three business references:

NAME	ADDRESS	PHONE NUMBER





