

2019 APPLICATION FOR PAWN BROKER LICENSE

Name(s) of Applicant(s) _____

Name of Business _____

Signatures of at least 10 citizens of Marshfield, Missouri

By signing this form you attest to the above named person(s) as being of good reputation and moral character as required by Section 615.040 (A) of the Code of Ordinances for the City of Marshfield.

1. Signature _____
Name _____
Address _____

2. Signature _____
Name _____
Address _____

3. Signature _____
Name _____
Address _____

4. Signature _____
Name _____
Address _____

5. Signature _____
Name _____
Address _____

6. Signature _____
Name _____
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7. Signature _____
Name _____
Address _____

8. Signature _____
Name _____
Address _____

9. Signature _____
Name _____
Address _____

10. Signature _____
Name _____
Address _____

2019 APPLICATION FOR PAWN BROKER LICENSE

Name of Primary Applicant _____

Home Address _____

Date of Birth _____ Social Security No. _____

Business Name _____

Business Address _____

Missouri Sales Tax # _____ Federal ID # _____

Amount of capital proposed to be used in business \$ _____

Have you ever before been a licensee for Pawn sales? If "Yes", state when and where and if the license was revoked:

Have you ever been convicted of any violation of any ordinance of the City of Marshfield, Missouri, or of any other municipality? If "Yes", state the date, place, offense and penalty:

Have you ever been convicted of any criminal offense against the laws of any State, or the Federal government? If "Yes", state the date, place, offense and penalty:

Include with application:

1. A list of all persons who have a financial interest in this business, including their full name, home address, date of birth and social security number.
2. Signatures of at least ten (10) citizens of the City (form attached).
3. Surety Bond in the amount of \$5,000.00 running to the City, conditioned for the faithful observance of all City ordinances respective to pawnbrokers during the license period.
4. Annual fee of \$18.00.

(please circle one)

I have investigated the above named applicant(s) and recommend **for / against** approval of this license.

Signature – Chief of Police – City of Marshfield

Date