

# PAWNBROKER BUSINESS LICENSE APPLICATION

ACCORDING TO LAFAYETTE MUNICIPAL CODE CHAPTER 55 (AS MAY BE AMENDED)

Applicant Name: \_\_\_\_\_

Trade Name of Establishment (doing business as): \_\_\_\_\_

Address of Premise Location: \_\_\_\_\_ Lafayette, CO 80026  
Street Address

Business Mailing Address: \_\_\_\_\_  
(if different from above) Street Address City State Zip Code

Contact Person(s): \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Email Address: \_\_\_\_\_

This application is for the following:

New License\*  License Renewal  Change of Corporate Structure

Transfer of Location\*  Modification of Premises\*

\*Zoning Referral Form must be attached as **EXHIBIT A**

"Applicant" is defined as the Legal Name of the Individual or Business Entity that will hold the license, if approved. The Applicant is applying as a:

- Corporation  Partnership  Association or Other
- Limited Liability Corporation  Individual (Sole Proprietor)

Attach organizational documents as **EXHIBIT B**

An Individual (Sole Proprietor) must submit a Lawful Presence Affidavit form, provided with application packet, as **EXHIBIT C**

City Sales & Use Tax License No.: \_\_\_\_\_

State Sales Tax License No. : \_\_\_\_\_

Federal Tax Employer Identification Number (FEIN No.) : \_\_\_\_\_

Certificate of Insurance (not less than \$50,000) to cover tangible personal property deposited with pawnbroker pursuant to a contract for purchase against damage, loss or destruction. **EXHIBIT D**

Surety Bond in favor of the City of Lafayette, Colorado in the amount of \$1,000. **EXHIBIT E**

## ASSOCIATED INDIVIDUALS

For each individual listed below, please provide the following:

**YOU MAY ATTACH SEPARATE SHEETS OR ADDITIONAL DOCUMENTS IF NECESSARY**

- Written proof that the person is twenty-one years of age or over
- Two (2) recent portrait photographs of each person taken within the last six (6) months (2"x 2")
- Pawnbroker Business License History for each person (Separate form provided)
- List of convictions and pleas of nolo contendere or guilty for any criminal offense except traffic offenses
- Local individuals must be fingerprinted by the Lafayette Police Department. Out-of-State individuals must provide fingerprint cards from their local police department

<b>Corporations / Individual / Partnership</b>		
<b>President Name:</b>		Phone:
Address:		Zip Code:
Social Security Number:	Driver's License Number:	Date of Birth:
<b>Vice-President Name:</b>		Phone:
Address:		Zip Code:
Social Security Number:	Driver's License Number:	Date of Birth:
<b>Secretary Name:</b>		Phone:
Address:		Zip Code:
Social Security Number:	Driver's License Number:	Date of Birth:
<b>Treasurer Name:</b>		Phone:
Address:		Zip Code:
Social Security Number:	Driver's License Number:	Date of Birth:
<b>Individual Name:</b>		Phone:
Address:		Zip Code:
Social Security Number:	Driver's License Number:	Date of Birth:

<b>If more than two Partners please attach separate sheet</b>		
<b>Partner Name:</b>		Phone:
Address:		Zip Code:
Social Security Number:	Driver's License Number:	Date of Birth:
<b>Partner Name:</b>		Phone:
Address:		Zip Code:
Social Security Number:	Driver's License Number:	Date of Birth:

Financial Information - Stockholders		
Stockholder Name:		Phone:
Address:		Zip Code:
Percent of Stock:	Driver's License Number:	Date of Birth:
Stockholder Name:		Phone:
Address:		Zip Code:
Percent of Stock:	Driver's License Number:	Date of Birth:
Stockholder Name:		Phone:
Address:		Zip Code:
Percent of Stock:	Driver's License Number:	Date of Birth:

**PROOF OF OWNERSHIP OR LEGAL POSSESSION**

Provide proof of ownership or legal possession, or intent of legal possession. Proof must be for a minimum term of one (1) year from the date of the issuance of the license. **EXHIBIT F**

**BUILDING PLANS**

Provide a set of building plans and specifications for interior of premise (for a new license or transfer of location only) **EXHIBIT G**

**REGISTERED AGENT** (A person other than the applicant, who prepared this application, e.g., an attorney or an accountant)

Registered Agent Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Signature, Registered Agent

APPLICANT AFFIDAVIT ON NEXT PAGE

**APPLICANT AFFIDAVIT OF ACCURACY**

I declare under the penalty of perjury that this application, including all accompanying documents, have been examined by me and to the best of my knowledge and belief are true, correct and complete. I also declare that I have been given a copy of Section 55-100 to 55-112 of the Lafayette Municipal Code pertaining to Pawnbrokers.

**Authorized Signature**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

**State of** \_\_\_\_\_

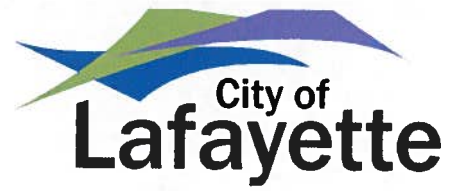
**County of** \_\_\_\_\_

Subscribed and sworn before me on \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
Signature of notarial officer

[SEAL]

My commission expires: \_\_\_\_\_



**ZONING REFERRAL  
PAWNBROKER BUSINESS LICENSE**

ACCORDING TO LAFAYETTE MUNICIPAL CODE CHAPTER 55 (AS MAY BE AMENDED)

Applicant - complete the first three questions, check appropriate box, and submit this form with a copy of the site plan of the premises to the Lafayette Planning Development Department  
**Return the signed form with your application to the City Clerk**

**Applicant – Complete this Section Only**

<b>Business Name:</b>	
<b>Business Address:</b>	
<b>Type of License applying for:</b>	
<input type="checkbox"/> New License <input type="checkbox"/> Change of Location <input type="checkbox"/> Modification of Premises	

**To Be Completed & Signed By City Planning Department**

<b>Zoning for the property is:</b>		
Is the property zoned for the type of license applied for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the building going to be enlarged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please address parking issues as part of your review:

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Comments:

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Signature: _____	Date: _____
City Development/Zoning Division: _____	



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## PAWNBROKER BUSINESS LICENSE HISTORY

Name: \_\_\_\_\_

Employment History for the past 10 years:

Name of Business	Address	Position Held	Dates of Employment

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Pawnbroker's License History:** Fill out this section if the above named person has previously operated in Lafayette, Colorado or any other city in Colorado or State under a pawnbroker license, has had such license revoked or suspended, and the reason thereof.

Name	Date	Jurisdiction of Action

Comments: \_\_\_\_\_  
\_\_\_\_\_



**AFFIDAVIT CONCERNING CRIMINAL HISTORY  
PAWNBROKER BUSINESS LICENSE**

I, \_\_\_\_\_, swear or affirm:

My date of birth is: \_\_\_\_\_

\_\_\_\_\_  
(initial) I certify that I have not been convicted of any criminal offense excluding minor traffic offenses of less than eight (8) points but including any traffic offense in which drugs or alcohol were involved.

**OR**

\_\_\_\_\_  
(initial) I certify that I have been convicted of the following criminal offenses. List offense, date of conviction, court and case number, and state and county of the court. (Minor traffic offense of less than eight (8) points need not be listed if no alcohol or drugs were involved.) Attach as separate page.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_



**LAWFUL PRESENCE AFFIDAVIT  
PAWNBROKER BUSINESS LICENSE  
FOR INDIVIDUALS (SOLE PROPRIETORS)**

\_\_\_\_\_ New License

\_\_\_\_\_ License Renewal

I, \_\_\_\_\_, dba \_\_\_\_\_  
swear or affirm under penalty of perjury under the laws of the State of Colorado that (check  
one):

- \_\_\_\_\_ I am a United States citizen, or
- \_\_\_\_\_ I am a Permanent Resident of the United States, or
- \_\_\_\_\_ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8- 503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Form of ID Presented: \_\_\_\_\_

Valid Colorado Driver's License, Colorado ID card, Military ID, Coast Guard Mariner, or Native American Tribal Documents are acceptable forms of identification

**STATE OF COLORADO  
COUNTY OF BOULDER**

I, \_\_\_\_\_ Notary Public in and for said County and  
State, do hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
\_\_\_\_\_ appeared before me in person and executed the  
above instrument.

IN WITNESS THEREOF, I have hereunto set my hand and seal.

\_\_\_\_\_  
Notary Public

[SEAL]

My commission expires: \_\_\_\_\_