



Application for Precious Metal Dealers License

1. License to be issued to an individual
 a partnership
 or a corporation

2. A. If an individual, please state the full name and residence address.

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

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 office or position of each and the residence address of each.

<u>Name</u>	<u>Residence Address</u>	<u>Office or Position</u>
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3. Please state the address or addresses of any and all places of business premises, where the applicant is to be doing business in Kansas.

4. Please state the hours and days of the week during which applicant proposes to engage in the business of purchasing precious metals for the purpose of reselling such metals in any form at each place above mentioned.

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 has been made? Yes No **Sales Tax #** _____

FEIN _____

6. 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, wares, 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.

Item and Description (if automobile, include make/model/VIN#)	Received in Pledge	Purchased as second hand merchandise	Precious Metal purchased for resale	Pawned Automobile

NOTICE: QUESTIONS #7 (A - F) THROUGH #9 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 PRECIOUS METAL DEALER'S LICENSE. IF THERE IS MORE THAN ONE APPLICANT, PLEASE MAKE A COPY OF THIS PAGE FOR THE OTHER APPLICANTS TO COMPLETE AND ATTACH IT TO THE APPLICATION.

7. 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. Yes No

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 precious metal dealer's license revoked?

You: Yes No

Your Spouse: 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 therefor at least, three-fourths ($\frac{3}{4}$) of the period for which the license sought is to be issued? Own Lease

8. State License Number for Supervised Lending: _____

9. I agree that I will maintain all current and applicable state licenses and I will notify the City of Shawnee within five (5) business days of any change in status of the state license. _____ (Initial)

Signature of Applicant

Date

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

AFFIRMATION OF OATH

_____, is being first duly sworn, upon oath deposes as 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.

The undersigned applicant certifies and acknowledges that undersigned applicant is authorized to execute the application either as the owner or as a designated agent of the owner and as such shall be jointly and severable responsible for compliance with all codes regulating precious metal dealers.

Signature of Applicant

Date

THIS FORM MUST BE NOTARIZED

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 _____, _____.

NOTARY PUBLIC

My Commission Expires:



Emergency Contact Information

Sometimes it may be necessary for the Police Department to contact authorized personnel of your business after normal business hours. Please list at least two (2) persons that can be contacted by the Police Department, should it become necessary. They should have door keys and be able to respond to assist officers if needed.

Name of Business: _____

Business Address: _____

Business Telephone: _____

First Contact Name: _____

Residence Telephone: _____

Cell Number: _____

Second Contact Name: _____

Residence Telephone: _____

Cell Number: _____

Third Contact Name: _____

Residence Telephone: _____

Cell Number: _____

Do you have an alarm system? Yes No

If yes, what type? Robbery Burglary

Alarm Company Name: _____

Alarm Company Telephone: _____

Date: _____ Signature: _____

If you would prefer future update requests via your business e-mail, please supply your e-mail address: _____

Print this form, complete the information and return it to the Community Development Department at City Hall.

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www.cityofshawnee.org