City License _____
Date Issued _____

APPROVED
ATTORNEY GENERAL
By T. D. HANE

APPLICATION FOR PAWNBROKER'S LICENSE

1. License to be issued to an individual_____,
a partnership_____,
or a corporation_____.

2. A. If an individual, please state your 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.

Name	Residence Address	Office or Position

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 pawnbroking 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? _____

_____

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.

NOTICE: 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. IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH TO THIS APPLICATION.

7. A. Are you a citizen of the United States? _____

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? _____

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, 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 the ten (10) years immediately prior to this application for a license? _____

D. Have you or your spouse ever had a pawnbroker's license revoked?

_____

E. Are you twenty-one (21) years of age or older? _____

F. Do you own the premises for which a license is sought, or do you have a written lease therefor for at least three-fourths (3/4) of the period for which the license sought is to be issued? _____OWN _____LEASE

_____
SIGNATURE OF APPLICANT

_____
OFFICE OR POSITION OF APPLICANT IF APPLICANT IS A CORPORATION OR ASSOCIATION

AFFIRMATION ON OATH

_____, being first duly sworn, upon oath deposes and 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.

_____
SIGNATURE OF APPLICANT

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 _____, 19_____.

_____
NOTARY PUBLIC

My Commission Expires:

_____