



**Commerce
CITY**

7887 East 60th Avenue
 Commerce City, Colorado 80022
 Phone (303) 227-8854 / Fax (303) 227-8859
 www.c3gov.com

<p><i>Please check one of the following:</i></p> <p><input type="checkbox"/> New Account</p> <p><input type="checkbox"/> Renewal (please indicate your account number): _____</p>	<p style="text-align: center;">Pawnbroker License</p> <p>License Fee (New): \$5,000.00 License Fee (Renewal): \$500.00</p> <ul style="list-style-type: none"> Transaction Fee: \$.60 Fee per Transaction Bond: \$1,000 Bond Required CBI Criminal History Report – <i>new</i> licensee only <p>License Expires: Every December 31</p>
Business Information	<p>Trade Name of Business (D/B/A): _____</p> <p>Taxpayer Name (owner, partners or corporate name): _____</p> <p>Location Address of Business: _____</p> <p>Commerce City Business Address (if different than above address): _____</p> <p>Mailing Address: _____</p> <p>Business Telephone Number: _____</p>
Ownership Information	<p>Indicate Type of Ownership:</p> <p>_____ Individual _____ LLC _____ Partnership _____ Corporation _____ Non Profit _____ 501c(3)</p> <p>(1) Owner/Corporate Officers/Partners Name: _____</p> <p>Title: _____ Social Security # (Federal Employer # if applicable): _____</p> <p>Address (Residence or P.O. Box, Street, City, State & Zip): _____</p> <p>Home Telephone Number: _____ Birth Date: _____</p> <p>(2) Owner/Corporate Officers/Partners Name: _____</p> <p>Title: _____ Social Security # (Federal Employer # if applicable): _____</p> <p>Address (Residence or P.O. Box, Street, City, State & Zip): _____</p> <p>Home Telephone Number: _____ Birth Date: _____</p> <p style="text-align: center;">If additional space is needed for owners, corporate officers or partners, please attach a separate sheet.</p>
Miscellaneous	<p>(1) Have you ever been convicted of a felony, misdemeanor, or ordinance violation in any state? (exclude traffic violations)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give full details, including nature of offense and punishment or penalty.</p> <p>_____</p> <p>(2) Have you ever had, or is there now pending against you, a judgment or conviction for fraud, deceit, or misrepresentation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give full details.</p> <p>_____</p>

I hereby declare that I will comply with all of the requirements of the ordinances and regulations of the City of Commerce City and that, under penalty of perjury, the statements and documents constituting a part of this application are true, correct and complete to the best of my knowledge.

 (Applicant's Signature)

 (Title)

 (Date)

CITY USE ONLY

Department

Action

By

Date

Police

Zoning

Finance Director

Other
