



POCATELLO PAWNBROKER LICENSE APPLICATION



******* USING BLUE OR BLACK INK, COMPLETE EACH SECTION. *****
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

NEW _____ RENEWAL _____

NAME OF AGENCY OR BUSINESS: _____

BUSINESS ADDRESS: _____

TYPE OF BUSINESS AND SCOPE OF SERVICES TO BE OFFERED: _____

ADDRESS WHERE ACTIVITY WILL OCCUR: _____

NAME OF OWNER/MANAGER/REPRESENTATIVE: _____

Last First Middle Name (Formerly Used Names)

HOME ADDRESS: _____ PHONE & CELL: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____

YOUR E-MAIL ADDRESS: _____

HAVE YOU EVER BEEN ARRESTED OR DETAINED BY LAW ENFORCEMENT? _____

IF THE ANSWER IS YES, LIST ALL DATES AND PLACES: _____

LIST WHERE YOU HAVE LIVED FOR THE **PAST TEN YEARS**, ONE LINE PER CITY, BEGIN WITH YOUR CURRENT CITY: (not needed for renewals)

YEARS (example 2002-2012)	CITY	STATE	ZIP CODE

IS BUSINESS A BRANCH OF A COMPANY CONTROLLED FROM A CENTRAL OR HOME OFFICE LOCATED IN ANOTHER CITY? _____ IF YES, LIST ADDRESS: _____

PLEASE COMPLETE BOTH SIDES OF THE APPLICATION

NAME OF OWNER, OR IF BUSINESS IS A FIRM OR PARTNERSHIP, LIST FULL NAMES AND ADDRESSES OF PERSONS HAVING A FINANCIAL INTEREST:

NAME: _____ TITLE: _____

ADDRESS: _____

IF BUSINESS IS A CORPORATION, LIST NAMES AND ADDRESSES OF THE PRESIDENT, SECRETARY AND TREASURER.

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS, AND THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I FURTHER AGREE AND CONSENT IN ADVANCE TO HAVING MY LICENSE REVOKED WITHOUT CAUSE OR HEARING IF ANY OF THE ABOVE INFORMATION CONTAINS ANY MISREPRESENTATION OR FALSIFICATION OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED.

I HAVE REVIEWED AND UNDERSTAND THE CITY ORDINANCE 5.36 PAWNBROKERS, AND AGREE TO ADHERE TO THE RULES AND REGULATIONS SET FORTH IN THAT CHAPTER AS WELL AS ALL OTHER APPLICABLE LAWS.

SIGNATURE OF APPLICANT: _____ DATE: _____

***** NO REFUNDS AFTER SUBMISSION OF THIS APPLICATION *****

******* CITY USE ONLY BELOW*******

RECORDS CHECK COMPLETED BY: _____ DATE _____

Local: Yes No Attached ISTARs: Yes No Attached

IHOT: Yes No NCIC: Yes No

RECOMMENDATION TO MAYOR /COUNCIL _____ APPROVE _____ DISAPPROVE

SIGNATURE OF POLICE: _____ DATE: _____

SIGNATURE OF CLERK _____ DATE _____

LICENSE # BL: _____

LICENSE # PL: _____

POCATELLO POLICE DEPARTMENT

Community Commitment

Roger J. Schei, Chief of Police

911 North 7th Avenue • P.O. Box 2877 • Pocatello, ID 83206-2877 • 208-234-6113 • Fax 208-234-6290
www.pocatello.gov/police

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any officer or other authorized representative of the Pocatello, Idaho Police Department bearing this release, or a copy thereof, within one year of its date, to conduct a fingerprint-based, nationwide criminal history background check and obtain any information regarding criminal history and driving record. I hereby direct you to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Pocatello Police Department in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my social Security account number on a voluntary basis with the understanding such is not required by Federal Statute or regulation. I have been advised that the disclosure of my Social Security account number is necessary in order to facilitate the criminal history background check and driving record which relate to me. Should there be any question as to the validity of this release, you may contact me as indicated below.

FULL NAME: _____
(Include maiden name and former names if applicable.)

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

CURRENT ADDRESS: _____

TELEPHONE: _____ DATE: _____

SIGNATURE: _____

WITNESS: _____