CITY OF COLORADO SPRINGS

OFFICE OF THE CITY CLERK
30 South Nevada Avenue, Suite 101
Post Office Box 1575, Mail Code 110
Colorado Springs, Colorado 80901-1575
(719) 385-5105 Fax:(719) 385-5114

APPLICATION FOR PAWNBROKER'S LICENSE

CITY CODE SECTION 2.3.8

Application Fee	**$**	**15.00**
License Fee	**$**	**95.00**

Questions concerning this application should be directed to (719) 385-5905.

Checks should be made payable to the *City of Colorado Springs*

The following must be submitted with the completed application:

- License permit bond pursuant to City Code Section 2.3.804
- Proof of registration with the Colorado Department of Revenue and/or a copy of the corporate form from the Secretary of State, as applicable.
- Required department approvals must be obtained prior to submitting the application. Each department's approval must be granted in writing on this application. Contact the departments listed at the bottom of the application to verify office hours for application processing and procedures as they may vary. Approvals may be obtained in any order with the exception of the Land Use Department which should be the last approval, due to the requirement of inspecting the facility.

1. Name of Applicant(s): _____

2. Managing Agent: _____

3. Trade Name (d/b/a): _____

4. Local Business Address: _____

5. Mailing Address: _____

6. Business Phone: _____ Date of Birth _____

7. Do you currently hold any other business licenses in Colorado Springs? Yes ☐ No ☐
   If yes, where? _____

8. Have you ever had a business license denied, suspended or revoked? Yes ☐ No ☐
   If yes, provide details: _____

9. Have you ever been fined, imprisoned, placed on probation, or charged with a criminal offense; to include any outstanding charges? Yes ☐ No ☐ (If yes, provide details):
   _____

10. Is this a new business or transfer of ownership? New Business ☐ Transfer of Ownership ☐

11. If this is a transfer of ownership, name of current licensee: _____

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SWORN AFFIRMATION

I hereby certify that the statements made by myself and constituting part of this application are true and correct. I further understand and agree that any misrepresentation of any information on this application may be grounds for denial of a license. I have been furnished with ordinances and regulations pertaining to this application. Any violation of the laws of the State of Colorado, or the Ordinances of the City of Colorado Springs, Colorado, can result in denial of this application, or suspension/revocation of my license.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and consent to the release of information and all known records including criminal convictions, if any, to authorized agents of the Colorado Springs Police Department, City Clerk's Office, and any other department requiring the information for approval of this license. This authorization shall be valid for the duration of my license, and any renewals thereof.

_____ _____
Signature of Applicant(s) Date

_____
Title

State of Colorado)
) ss.
County of El Paso)

Subscribed and sworn to before me this _____ day of _____, 20 _____.

My Commission Expires: _____ _____
Notary Public

_____
Police Department
Special Services Section
705 S. Nevada Ave.
(719) 444-7526 (By appt. only)

_____
City Sales Tax
30 S. Nevada Ave., Suite 203
(719) 385-5903

_____
Regional Building Department
2880 International Circle
(719) 327-2880

_____
Land Use Department
30 S. Nevada Ave., Suite 105
(719) 385-5905