



City of Caldwell  
PO Box 1179  
411 Blaine Street  
Caldwell, ID 83606

Phone: 455-4656  
Fax: 455-3003

**APPLICATION FOR A PAWNBROKER LICENSE**

**RENEWAL**

Date: \_\_\_\_\_

FEE: \$50.00

Pursuant to Title IV, Chapter 3, Caldwell City Code, I hereby make application to renewal the Pawnbroker License.

Name of Applicant: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing address if different from location: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Owner Date of Birth: \_\_\_\_\_ Owner SS#: \_\_\_\_\_

Height: \_\_\_\_\_ Weight \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of Operating Manager: \_\_\_\_\_

Is Business: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

**NOTE:** Every Pawnbroker shall keep a record of article pledged with him or sold to him, and this record shall be open to the inspection of any Police Officer at anytime during the hours of business. Such records shall be upon a form as required by the Chief of Police.

1. Have you, or the person named as operating manager, within the past 3 years, been convicted of, paid any fine, been placed on probation, received a deferred sentence, received a withheld judgment, suffered the forfeiture of a bond for failure to appear or completed any sentence of confinement for any felony or misdemeanor? **Yes** \_\_\_ **No** \_\_\_\_\_. If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you had a similar license revoked by this City or any other City of this State or the United States? **Yes** \_\_\_ **No** \_\_\_\_\_. If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you hereby authorize the City of Caldwell, its agents and its employees, to seek information and conduct an investigation into the truth of the statements set forth in your application and qualifications? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **INITIAL:** \_\_\_\_\_

**STATEMENT UNDER OATH:**

Being first duly sworn, deposes and says that he/she is making the foregoing application and made said statements therein and hereafter for the purpose of securing a Pawnbroker License with the corporate limits of the City of Caldwell; and affirms that the facts stated above and hereafter are true; and he/she is familiar with the Ordinance of the City of Caldwell relative to Pawnbrokers.

\_\_\_\_\_  
Applicant Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public for the State of Idaho  
Residing at \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**APPLICANT: DO NOT WRITE BELOW THIS LINE**

Police Record Check:  Background check conducted by: _____  Application reviewed and: Approved _____ Denied _____  If denied, state reason: _____  _____
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Approved or Denied - Planning & Zoning Director: _____  Date: _____  Approved or Denied - Chief of Police: _____  Date: _____  Approved or Denied - City Clerk: _____  Date: _____
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