



**CITY OF AUBURN
PAWN BROKER APPLICATION**

Police:
Fire:
Code:
Tax:

New _____ Renewal _____

Application date _____ Planned opening date _____ Expiration date _____

License applied for: **PAWN BROKER**

Fee: \$**100.00**

**ALL QUESTIONS MUST BE ANSWERED IN FULL
(Use back of application if necessary)**

BUSINESS

APPLICANT

Business name _____ Owner's name _____

Business address _____ Maiden name/ A/K/A _____

City _____ State _____ Zip _____ Date of birth _____

Mailing address _____ Home address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Business phone _____ Home Phone _____

E-mail Address _____

Business Hours of Operating _____ Manager's Name _____

Please list items to be traded or sold as second hand: _____

Do you own the premises? Yes _____ No _____ (If "No", give name and address of owner)

Name _____ Address _____

Please indicate address to mail license: Business / Applicant

Is applicant a corporation or LLC in the State of Maine? Yes _____ No _____
(If answer is "Yes", complete Supplementary Questionnaire for Corporate Applicants)

Background Information

Copy of background (SBI) issued no more than 3days prior to application date
or an additional \$100 Fee is due at time of application

List all residences within the last ten years:
If additional space needed use a back of application.

Address: _____ City: _____ State: _____ How long? _____

Address: _____ City: _____ State: _____ How long? _____

Address: _____ City: _____ State: _____ How long? _____

Address: _____ City: _____ State: _____ How long? _____

Address: _____ City: _____ State: _____ How long? _____

Address: _____ City: _____ State: _____ How long? _____

Have you ever been charged and/or convicted of any violation of the law, other than minor traffic violations,
within the past ten years? Yes No

If yes, complete below. If additional space needed use a back of application.

Offense: _____ Date of Conviction: _____

Disposition: _____ Court Location: _____

Offense: _____ Date of Conviction: _____

Disposition: _____ Court Location: _____

Offense: _____ Date of Conviction: _____

Disposition: _____ Court Location: _____

Offense: _____ Date of Conviction: _____

Disposition: _____ Court Location: _____

OMISSION OF FACTS OR ANY MISREPRESENTATION OF ANY OF THE INFORMATION ON THIS I agree that the
above information is true and correct to the best of my knowledge. I acknowledge that any false statements are grounds for denial,
suspension or revocation of any and all of my City of Auburn business licenses.

Application and Information Each applicant for a license shall provide a copy of a criminal background check dated not more than 3 days prior to submission of application. **Your background check must be on present and all former names.** You can do it yourself on-line by going to the following site, <http://www5.informe.org/online/pcr/> or we can do the background check for you for an additional fee.

Chapter 14-Business Licenses & Permits-Article II Sec.14-34 Certification from City Officials Before a license is issued the City Clerk shall submit the application for certification to the Code Enforcement Officer, Fire Chief, Chief of Police and City Treasurer. Please allow at least 3 weeks for this process.

CERTIFICATE OF APPLICANT AND WAIVER OF CONFIDENTIALITY

*****READ CAREFULLY BEFORE SIGNING*****

I hereby authorize the release of any criminal history record information to the City Clerk's Office or Licensing Authority. I understand that this information shall become public record, and I hereby waive any rights of privacy with respect hereto.

Signature of Applicant

Date

IF A CORPORATION, MUST FILE A COPY OF CORPORATE PAPERS