Print Form

FOR OFFICE USE ONLY	
License Number	**Effective/Expiration Dates** **to**
Issuing Clerk **Date of Issue**	**Application Fee (4505)** **NEW APPLICANT:** **NON-REFUNDABLE** **$2,500.00**
Licensing Officer Approval	**License Fee (4500)** **$1,250.00** **ANNUAL**
Zoning Approval	**Amendment Fee (4505)** **NON-REFUNDABLE** **$500.00** **Manager Background Fee** **$ 50.00**

RENEWAL
Police Department **Compliance Confirmation EMC 5-15-4 (G) (9)**
Revenue 02-00-62261 **Compliance Confirmation EMC 5-15-4 (G) (11)**
PawnBroker/AutoPawn Bond **Expiration Date:**
Certificate of Insurance for Fire & Property Damage **Expiration Date:**

CITY OF ENGLEWOOD, COLORADO

New ☐ _____

Renewal ☐ _____

Finance and Administrative Services
Revenue and Budget Division
1000 Englewood Parkway
Englewood, CO 80110-2373

Phone: **303-762-2422** Fax: **303-783-6896** E-mail address: **laelliott@englewoodgov.org**

APPLICATION FOR PAWNBROKER/AUTOPAWN LICENSE

☐ NEW ☐ NO CHANGES

☐ RENEWAL ☐ AMENDMENT ☐ MANAGER

Name of Business:_____

Business Location:_____
Street City State Zip

Business Phone:_____ **Email:**_____

Mailing Address:_____
Street City State Zip

Applicant's Name:_____

Applicant's Address:_____
Street City State Zip

Applicant's Phone:_____

City of Englewood sales tax #_____

Attach a current copy of a government issued driver's license or Identification Card with picture

Attach Certificate of Insurance for Fire & Property Damage as required by Englewood Municipal Code 5-15-4(D).

Attach copy of Background Information Report. Fingerprinting Required 5-15-4(E) (New Applicants Only) To schedule an appointment, please call 303-762-2422.

Attach copy of PawnBroker/AutoPawn Bond as required by Ordinance 5-14-4 (C).

Application continued on reverse side

CITY OF ENGLEWOOD, COLORADO

APPLICATION FOR PAWNBROKER/AUTOPAWN LICENSE

MANAGER:

Name:_____

Address:_____
Street City State Zip

Phone: **Home:** _____ **Business:** _____

Name of Business: _____

If *Sole Proprietor*, show below, complete information for owner. ***Attach copy of driver's license.***
If *Partnership,* show below, complete information for each partner:

Name/Title	Address	City, State, ZIP	Phone (inc Area Code)	% of Ownership

Attach sheet if more room needed.

If *Corporation,* show below, complete information for each officer, owner, director or holder of 10% of the Shares of Stock or more.

Name/Title	Address	City, State, ZIP	Phone (inc Area Code)	% of Ownership

Attach sheet if more room needed.

I CERTIFY THAT §5-1-1 THRU §5-1-9 EMC 2000 AND §5-15-1 THRU §5-15-4 EMC 2000 WAS GIVEN AND/OR MAILED TO ME AND IT IS MY RESPONSIBILITY TO BECOME FAMILIAR WITH ALL PROVISIONS THEREIN.

I submit this application with the understanding and agreement that any license, which may be issued, may be suspended for cause by the City. I understand and will comply with the provisions of the Englewood Municipal Code. NONCOMPLIANCE WITH CITY ADOPTED CODES MAY RESULT IN THE CITY PURSUING FORMAL LEGAL ACTION SUCH AS A DISTRAINT WARRANT, A SUMMONS AND COMPLAINT FILED THROUGH THE MUNICIPAL COURT, A TAX LIEN OR LICENSE REVOCATION.

I affirm, that this application, and all information therein, is true, correct and complete to the best of my knowledge.

Signed:_____ **Date:**_____

PLEASE NOTE: Unless *ALL* information requested, is provided, *NO LICENSE WILL BE ISSUED.*