

State of California
**APPLICATION FOR SECONDHAND DEALER
OR PAWNBROKER LICENSE**

A. TYPE OF APPLICATION: (Check the appropriate box)

- APPLICATION FOR SECONDHAND DEALER LICENSE (21641 B&P)
- APPLICATION FOR PAWNBROKER LICENSE (21300 FC)
- APPLICATION FOR RENEWAL:
 - Secondhand Dealer License (21642 B&P) State License No.: _____
 - Pawnbroker License (21301 FC) State License No.: _____

DOJ USE ONLY
RECEIVED: _____
ORI: _____
EST: _____
COMPLETED: _____

B. LICENSING AGENCY INFORMATION: (To be completed by licensing agency only)

LICENSING AGENCY: _____	DATE: _____
(Substation if Applicable)	
ADDRESS: _____	
Number	Street
City	ZIP Code
LICENSING OFFICIAL: _____	PHONE: (____) _____
Name	Title

THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY THE APPLICANT(S)

C. BUSINESS OWNER(S) : (Name of individual, partners, or corporate officers)

NAME	TITLE	HOME PHONE
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____

ATTACH ADDITIONAL SHEET IF NECESSARY. CHECK CIRCLE IF ADDITIONAL SHEET IS USED. ○

D. BUSINESS INFORMATION:

BUSINESS NAME: _____ PHONE (____) _____

ADDRESS: _____

Number Street City ZIP Code

BUSINESS OWNERSHIP: INDIVIDUAL PARTNERSHIP CORPORATION
(If corporate name differs from business name, complete the following)

CORPORATION NAME: _____ PHONE (____) _____

CORPORATION ADDRESS: _____

Number Street City ZIP Code

E. MULTIPLE SECONDHAND DEALER OR PAWNBROKER BUSINESS(ES):

DO ANY PARTIES TO THIS APPLICATION HAVE A FINANCIAL INTEREST IN ANY OTHER SECONDHAND DEALER OR PAWNBROKER BUSINESS? (Check) YES* NO **IF "YES," PLEASE PROVIDE THE FOLLOWING INFORMATION:*

APPLICANT'S NAME: _____ BUSINESS PHONE (____) _____

BUSINESS NAME: _____ STATE LICENSE NO. _____

BUSINESS ADDRESS: _____

Number Street City State ZIP Code

ATTACH ADDITIONAL SHEET IF NECESSARY. CHECK CIRCLE IF ADDITIONAL SHEET IS USED. ○

F. ADDITIONAL INFORMATION:

HAVE ANY PARTIES TO THIS APPLICATION EVER BEEN CONVICTED OF AN ATTEMPT TO RECEIVE STOLEN PROPERTY OR ANY OTHER PROPERTY RELATED CRIME? (Check) YES NO

IF "YES," PLEASE PROVIDE THE NAME, DATE AND DETAILS: _____

ATTACH ADDITIONAL SHEET IF NECESSARY. CHECK CIRCLE IF ADDITIONAL SHEET IS USED. ○

G. CERTIFICATION:

"As the person responsible for completing the application for the business, I certify under the penalty of perjury that the information on this application is true and complete to the best of my knowledge."

SIGNATURE _____	TITLE _____	DATE _____
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