

# Pawnbroker

## INDIVIDUAL HISTORY FORM

Please type or print

City Clerk's Office  
500 E. Third Street  
Loveland, CO 80537  
970-962-2000



Each individual applicant, partner of a partnership, manager of a limited liability company, officer, director and holder of ten percent (10%) or more of corporate stock of the corporate applicant or holder of ten percent (10%) or more interest in a limited liability company and all managers must complete this form.

**NOTICE:** This individual history record provides basic information which is necessary for the City investigation for your Pawnbroker's license. All questions must be answered in their entirety or your application may be delayed or not processed. Any falsehood or omission may be cause for denial.

☐ OWNER/MEMBER ☐ MANAGER CERTIFICATE ☐ MANAGER CERTIFICATE RENEWAL (3 YEAR)

1. Name of Business

2. Your Full Name (last, first, middle)

3. List any other names you have used.

4. Mailing Address (if different from residence)

5. Telephone number and Email address:

6. List all residence addresses below. Include current and previous address for the past five years.

NUMBER AND STREET NAME	CITY, STATE, ZIP	FROM	TO
Current			
Previous			

7. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence or forfeited bail for any criminal offense or do you have any charges pending? If yes, attach written detailed explanation, including evidence of rehabilitation.

☐ Yes ☐ No

8. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? If yes, attach written detailed explanation.

☐ Yes ☐ No

9. Have you ever had any government-issued license or permit suspended, revoked, or denied including a driver's license? If yes, attach written detailed explanation.

☐ Yes ☐ No

10. Have you previously held an interest in a pawnbroker business or been employed in the pawnbroker industry? If yes, attach written detail/explanation.

☐ Yes ☐ No

Unless otherwise provided by law, the personal and financial information provided below will be treated as CONFIDENTIAL.

11a. Birth Date	b. Social Security Number SSN	c. Place of Birth	d. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
e. If Naturalized, state where		f. When	g. Name of District Court
h. Naturalized Certificate #	i. Date of Certification	j. If an Alien: Alien's Registration Card #	k. Permanent Residence Card Number

12. Financial Information

Name of bank where business account will be maintained; Account Name and Account Number and the name of persons authorized to draw thereon.

Account Name	Account Number	Persons Authorized To Draw (Last, First, MI )

### Oath of Applicant

*I swear or affirm that I have read Chapter 5.28 of the Loveland Municipal Code and understand the obligations and requirements of that Code chapter. I also swear or affirm that this application is complete and all information and attachments are true, correct, and complete to the best of my knowledge.*

Signature	Title	Date