



City of Centennial

PAWNBROKERS APPLICATION INDIVIDUAL HISTORY REPORT

APPLICANT INFORMATION				
NAME OF BUSINESS:				
Last Name		First		M.I. Sex: M F
Home Address			Apartment/Unit #	
City		State		ZIP
Phone		E-mail Address		
Date of Birth		Social Security Number		Driver's License Number/State
Height		Hair Color		Eye Color
Place of Birth				
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Alien Registration No:			Permanent Residence No:	
Has Applicant ever used another name? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give details:				
RESIDENCES				
Addresses for the Past Five (5) Years:				
EDUCATIONAL HISTORY				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

FAMILY HISTORY			
Mother's Full Name:		Date of Birth:	
Father's Full Name:		Date of Birth:	
Spouse's Full Name:		Date of Birth:	
Spouse's Employer/Address:			
List Name and Date of Births of all Children:			
PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
MILITARY SERVICE			
Branch		From To	
Rank at Discharge		Type of Discharge	
If other than honorable, explain			
REFERENCES			
<i>Please list three professional references.</i>			
Full Name		Relationship	
Company		Phone ()	
Address			

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
ADDITIONAL INFORMATION (attach separate sheet if necessary)	
Do you hold, or have you held, a direct or indirect interest in a pawnbroker license? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, give details:	
Have you, any member of your family, or any corporation, company, or partnership in which you were involved, ever have a pawnbroker license suspended, revoked, or refused? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, give name, date, jurisdiction and action taken:	
List all civil court actions, including divorce and name changes, along with the names of litigants, dates, court of jurisdiction, and causes of actions:	
DISCLAIMER AND SIGNATURE	
I certify the information contained in the Individual History Report, and all attachments hereto, is true and complete, and I understand that any misrepresentation or falsification may result in the rejection of this application or suspension/revocation of the license. I understand I have a continuing obligation to provide updated information on questions in applications submitted to the City. I understand I will need to be fingerprinted and submit recent photographs. Should an answer change, or new information becomes available, I will contact the City at (303) 754-3371.	
Signature	Date

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

(SEAL)

My Commission Expires: _____