



City of Centennial

13133 E. Arapahoe Road, Centennial, Colorado 80112 Tel: (303) 325-8000

REPORT OF CHANGES FORM PAWNBROKERS LICENSE

- CHANGE IN CORPORATE STRUCTURE
 CHANGE IN PARTNERSHIP
 TRADE NAME CHANGE
- CHANGE IN MANAGER REGISTRATION

Business Information:

Applicant Name: (Corporation or LLC Name. If Sole Proprietor or Partnership, individual names)	
Trade Name:	
Street Address:	
City State and ZIP Code:	
Mailing Address: (if different than location)	
Business Phone:	
E-Mail Address:	
City of Centennial Sales Tax Number:	
State of Colorado Sales Tax Number:	

Manager:

Name of New Manager:
Replaces (Previous Manager's Name):
Date of Birth:
Is the Manager a Principal Owner?

Change of Corporate Structure (Applies to corporate licensees only).

The applicant must list ALL OFFICERS and DIRECTORS. In addition, applicant must list any stockholders with ownership of 20% or more in the business. All persons listed below must also attach an Individual History Report and submit the required documents including fingerprints and a photo.

Name/Title	Address	Date of Birth	Name of Person Replacing	% of Ownership

Change of Partnership (Attach Partnership Agreement)

Applicant must list any Partner with ownership of 20% or more in the business. All persons listed below must also attach an Individual History Report and submit the required documents including fingerprints and a photo.

Name of New Partner: _____

Replaces Whom: _____

Percent Ownership: _____

Change of Trade Name

Old Trade Name: _____

New Trade Name: _____

Agreement and Signature

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 Centennial Municipal Code.

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

Name (printed):	
Signature:	
Date:	

State of Colorado)
) SS
County of Arapahoe)

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

(Seal)

Notary Public

My commission expires: _____

For Office Use Only:

Application is complete, fees paid, and background checks have been conducted:

_____ Date: _____
Barbara Setterlind, City Clerk

City Clerk Notes:

CITY MANAGER APPROVAL:

Approved: _____ Date: _____
Centennial City Manager

Denied: _____ Date: _____
Centennial City Manager

_____ If denied, applicant informed of decision to deny. [6-7-210 CMC]
Date of Notification

License Number:	
Effective Date:	
Expiration Date:	