



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

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
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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 nay 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: _____