

CITY OF NEWPORT BEACH

REVENUE DIVISION

100 CIVIC CENTER DR ● P.O. BOX 1768 NEWPORT BEACH, CA 92658-8915 (949) 644-3141

RevenueHelp@newportbeachca.gov http://www.newportbeachca.gov/Revenue

\$91.00

PAWNBROKER PERMIT APPLICATION

| | FAVVIN | PAWNBROKER RENEWAL | | | \$60.00 | |
|--|--|---------------------------------------|--------------------------------|--------------------------------------|--------------------|-----------------------------------|
| | | NDHAND PE NDHAND RE | ERMIT APPLI ENEWAL | CATION | \$91.00 \$60.00 | |
| APPLICANT INFORM | ATION | | | | | |
| Name: | Maiden / AKA: | | | | | |
| Address: | | | | | | Suite |
| City: | State: | Zip: | | Ph | one: | |
| Drivers License: | State: | M [F[| Height: | _ Weight: _ | Hair: | Eyes: |
| | Othe | r Federal, Sta | ate or City Lice | nses Held | | |
| Social Security: | | | LIC Citizon? | YES / NO | Date of Birth | n |
| Place of Birth EMPLOYMENT INFOR | RMATION e last three (3) years. Be be of business conducte Address | egin with your ed. Attach add | · most recent e | mployment. If | | d, include name, Employment Dates |
| Place of Birth EMPLOYMENT INFOR List all employers in the address, dates, and type | RMATION e last three (3) years. Be be of business conducte | egin with your ed. Attach add | most recent elitional sheets, | mployment. If if necessary. | | |
| Place of Birth EMPLOYMENT INFOR List all employers in the address, dates, and typ Business Name CURRENT EMPLOYE | RMATION e last three (3) years. Be ne of business conducte Address R INFORMATION | egin with your ed. Attach add P | most recent ellitional sheets, | mployment. If if necessary. Position | E | Employment Dates |
| EMPLOYMENT INFORLIST all employers in the address, dates, and type Business Name CURRENT EMPLOYE Business Name: | RMATION e last three (3) years. Be ne of business conducte Address | egin with your ed. Attach add P | most recent ellitional sheets, | mployment. If if necessary. Position | Phone: | Employment Dates |
| EMPLOYMENT INFORLIST all employers in the address, dates, and type Business Name CURRENT EMPLOYE Business Name: Address: | RMATION e last three (3) years. Be ne of business conducte Address R INFORMATION | egin with your ed. Attach add P | most recent e | mployment. If if necessary. Position | Phone: | Employment Dates |
| EMPLOYMENT INFORLIST all employers in the address, dates, and type Business Name CURRENT EMPLOYE Business Name: Address: | RMATION le last three (3) years. Be le of business conducte Address R INFORMATION | egin with your ed. Attach add P | most recent e | mployment. If if necessary. Position | Phone: | Employment Dates |
| EMPLOYMENT INFOR List all employers in the address, dates, and type Business Name CURRENT EMPLOYE Business Name: Address: City: | RMATION le last three (3) years. Be le of business conducte Address R INFORMATION | egin with your ed. Attach add P | most recent ellitional sheets, | mployment. If if necessary. Position | Phone: | Employment Dates |

ARREST AND CRIMINAL INFORMATION

Have you <u>ever</u> been arrested or "booked" by a law enforcement official, or held for investigation, or indicted by a Grand Jury, or appeared in court on a warrant, either as a Juvenile or Adult, or as a civilian, or member of the Armed Forces?

If the answer is YES to <u>any</u> of the above questions, you must list each incident below. Attach any additional information on a separate sheet. **This form must be completed in order to have your permit process begin.**

| Original Arrest Charge (Crime): | | Violation Date: | | | | | |
|---|-----------------|-----------------|--|--|--|--|--|
| Disposition of Charge: | | | | | | | |
| Arresting Agency / City | | | | | | | |
| Original Arrest Charge (Crime): | | Violation Date: | | | | | |
| Disposition of Charge: | Final Charge: | | | | | | |
| Arresting Agency / City | | | | | | | |
| If the answer to <u>all</u> the above questions is NO, please sign the declaration below. | | | | | | | |
| I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT I HAVE NEVER BEEN ARRESTED BY ANY LAW ENFORCEMENT AGENCY, HELD FOR INVESTIGATION, INDICTED BY A GRAND JURY, OR THE SUBJECT OF ANY CRIMINAL PROSECUTION. I FULLY UNDERSTAND THAT OMITTING ANY INFORMATION BELOW WILL RESULT IN THE DENIAL OF THE PERMIT REQUESTED, WITH NO REFUND OF THE APPLICATION FEES. | | | | | | | |
| Name (Printed) | Signature | Date | | | | | |
| DECLARATION | | | | | | | |
| I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT THE INFORMATION STATED IS TRUE AND CORRECT. I UNDERSTAND THAT BY PROVIDING FALSE OR WITHHOLDING INFORMATION IS GROUNDS FOR DENIAL OR REVOCATION OF MY PERMIT, AND MAY SUBJECT ME TO CRIMINAL PROSECUTION. I DO HEREBY AUTHORIZE THE CITY, ITS AGENTS AND EMPLOYEES TO SEEK VERIFICATION OF THE INFORMATION CONTAINED ON THIS APPLICATION. I FURTHER UNDERSTAND THAT I MAY NOT CONDUCT THE ACTIVITY APPLIED FOR UNTIL A LICENSE HAS BEEN GRANTED. I UNDERSTAND THAT A COPY OF THE CITY ORDINANCES REGULATING RETAIL SALES OF FIREARMS IS AVAILABLE TO ME AT THE CITY CLERKS OFFICE. | | | | | | | |
| Name (Printed) | Signature | Date | | | | | |
| | OFFICE USE ONLY | | | | | | |
| RECOMMENDATION: GRANT DENY TERMINATE OTHER: | | | | | | | |
| INVESTIGATING OFFICER | | Date: | | | | | |
| SUPERVISOR APPROVING | | Date: | | | | | |
| REVENUE MANGER: | | Date: | | | | | |
| PERMIT NO. | DATE ISSUED: | FEE PAID: _\$ | | | | | |