



PAWNBROKER LICENSE APPLICATION

City of Vancouver, Business Licensing
PO Box 8995
Vancouver WA 98668-8995

Vancouver City Hall
415 W 6th St
Vancouver WA 98660

EMAIL: business.licenses@cityofvancouver.us

PHONE: 360-487-8410 option 3

THIS LICENSE IS REQUIRED UNDER VANCOUVER MUNICIPAL CODE 5.48

Fee: \$400 / 2 years

License valid:

Jan 01 _____
to _____
Dec 31 _____

INSTRUCTIONS

➤ Type or print neatly and complete each applicable field; add pages, as needed. Unreadable or incomplete applications will not be accepted.

BUSINESS NAME: _____ WA UBI NO: _____

STREET ADDRESS: _____
STREET CITY STATE ZIP

MAILING ADDRESS: _____
STREET or PO BOX CITY STATE ZIP

PHONE: _____ EMAIL: _____

INFORMATION RE: PRIMARY BUSINESS OWNER

Full Name: _____
LAST FIRST MIDDLE

Current Residence Street Address: _____

Residence History, Past 10 Years -- list all cities/states:

Date of Birth: _____ Personal Email Address*: _____

* Required to complete background check process.

OTHER OWNER(S) – complete information on page 2 for each other owner listed.

Full Name: _____ / _____ / _____
LAST FIRST MIDDLE

Full Name: _____ / _____ / _____
LAST FIRST MIDDLE

DISCLOSURES ALL OWNER(S)

Have any of the listed owners had a pawnbroker or business license in the past ten years? YES NO

If yes, please list owner name, jurisdiction, and time period:

Have any of the listed owners ever been convicted of a felony? YES NO

If yes, list owner name, jurisdiction, and conviction date:

INFORMATION RE: OTHER OWNER(S) – Attach additional pages, as needed.

Full Name: _____
LAST FIRST MIDDLE

Current Residence Street Address: _____

Residence History, Past 10 Years -- list all cities/states: _____

Date of Birth: _____ **Personal Email Address*:** _____

* Required to complete background check process.

Full Name: _____
LAST FIRST MIDDLE

Current Residence Street Address: _____

Residence History, Past 10 Years -- list all cities/states: _____

Date of Birth: _____ **Personal Email Address*:** _____

* Required to complete background check process.

I hereby authorize the City of Vancouver to obtain background and criminal history information in order to certify the information in this application.

I hereby certify under penalty of perjury that the information provided for this application is true and correct, and that failure to provide complete and accurate information on this application may result in denial or loss of the license.

 PRIMARY OWNER SIGNATURE

 DATE

FOR OFFICIAL USE ONLY	
DENIED:	DATE:
COMMENTS:	
APPROVED:	DATE:
SPECIAL LICENSE NO.	DATE ISSUED:
APPROVED OR DENIED BY (Chief of Police or Designate):	
SIGNATURE (Chief of Police or Designate):	