



# PAWNBROKER/ ITINERANT DEALERS IN GOLD, SILVER, PLATINUM (INCLUDING COINS) AND PRECIOUS OR SEMI-PRECIOUS GEMS OR STONES

Name of Firm

Address of Firm

City State Zip Code

Name of Representative (Applicant)

Phone Email Address

Address of Business to be Licensed

City State Zip Code

Length of time you anticipate your business operating from this address

Yes No

Have you been convicted of any crime within the last five years?

If yes, please describe the type of crime, date, and where this occurred

Address where you last ran a business, including itinerant business, within the last six months. (List Post Office Box AND street address)

PO Box

City State Zip Code

Address

City State Zip Code

Describe your plans for advertising

Iowa State Sales Tax ID

## For Office Use Only

### Documents Received

Date: \_\_\_\_\_

\_\_\_\_ Completed Application

### Fees

\_\_\_\_ Fee Amount \$100 to pawn;

\$25 no pawning

Date Fee Paid \_\_\_\_\_

### Follow Up

\_\_\_\_ References Checked

\_\_\_\_ State Sales Tax ID Valid  
(515-281-3114)

\_\_\_\_ Permits file updated

\_\_\_\_ Permit prepared

\_\_\_\_ License copied for file

\_\_\_\_ Copy of license &  
application sent to Police

Permit Number \_\_\_\_\_

### Application Denial Reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### If denied:

\_\_\_\_\_  
Ames Police Department

\_\_\_\_\_  
City Attorney

## EMPLOYEE INFORMATION

Please provide the following information regarding each owner, part-owner, manager, employee, or others immediately associated with your business

|                |               |                                  |
|----------------|---------------|----------------------------------|
| Name, Capacity | Local Address | Permanent Address (if different) |
|----------------|---------------|----------------------------------|

|                |               |                                  |
|----------------|---------------|----------------------------------|
| Name, Capacity | Local Address | Permanent Address (if different) |
|----------------|---------------|----------------------------------|

|                |               |                                  |
|----------------|---------------|----------------------------------|
| Name, Capacity | Local Address | Permanent Address (if different) |
|----------------|---------------|----------------------------------|

|                |               |                                  |
|----------------|---------------|----------------------------------|
| Name, Capacity | Local Address | Permanent Address (if different) |
|----------------|---------------|----------------------------------|

**I hereby certify that the above information is true and correct.**

|                     |      |
|---------------------|------|
| Applicant Signature | Date |
|---------------------|------|

This form must also be signed by one of the following, if different from above:

- Owner, if firm is owned by an individual
- Both Partners, if firm is a partnership, or
- President of the Corporation, if firm is a corporation

**I hereby certify that the above information is true and correct.**

|             |           |      |
|-------------|-----------|------|
| Name, Title | Signature | Date |
|-------------|-----------|------|

|             |           |      |
|-------------|-----------|------|
| Name, Title | Signature | Date |
|-------------|-----------|------|

Your permit will either be issued or denied within ten (10) days. Permits remain effective until December 31<sup>st</sup> of the year of application.

**Fee Required: \$100 to pawn; \$25 no pawning**

Please return completed form to:

[taylor.swanson@cityofames.org](mailto:taylor.swanson@cityofames.org)

City Clerk's Office

City of Ames

PO Box 811

Ames, IA 50010

## BACKGROUND WAIVER

This section to be completed and signed by applicant.

I authorize the City of Ames, Iowa to check my background to determine suitability for a peddler's/solicitor's/transient merchant's permit. I understand that this includes gathering of information relative to violation(s) of law which resulted in conviction(s).

My signature releases other police and civilian agencies, employers, schools, universities, colleges, and military services from liability for supplying background information to the City of Ames, Iowa.

In addition, my signature releases the City of Ames from liability for any statements, acts, or omissions in the course of the investigation into my background, employment history, health, family, personal habits, and reputation. I understand that I am relinquishing all legal rights and causes of action related to the City of Ames investigation into my suitability for a permit.

I understand that this release may be photocopied and submitted for multiple checks related to this position.

Dated this                      day of                      , 20                      .

Signature of Applicant

Printed Name

Last

First

Middle

Date of Birth

Social Security Number

Driver's License Number

State of Issue

Please return completed form to:  
taylor.swanson@cityofames.org  
City Clerk's Office  
City of Ames  
PO Box 811  
Ames, IA 50010