## **PAWNSHOP LICENSE INSTRUCTIONS**

THE FOLLOWING MUST BE SUBMITTED TO COMPLETE YOUR APPLICATION:

- (1) Initial investigation \$500.00 (if business is new), \$250.00 for <u>each</u> additional separate location. Checks are to be made payable to the St. Louis County Director of Revenue.
- (2) The annual fee for initial license or renewal is \$500.00. (Note: Any license which is issued for a portion of a year shall be prorated.)
- (3) Notarized statement by an independent Certified Public Accountant who has reviewed the books and records of the applicant and that the applicant meets the \$50,000.00 Net Asset requirement (per 818.100(c) SLCRO 1992).
- (4) Surety Bond in the amount of \$5,000.00 (issued to the State) from a company qualified to do business in the State of Missouri and complies with Section 818.100(d) SLCRO 1992.
- (5) If a Corporation, a copy of State Certificate of Good Standing, (which information can be requested by calling Missouri Secretary of State (314)340-7490) and Articles of Incorporation. If this is a renewal, only the Certificate of Good Standing is required, not the Articles of Incorporation, unless changes have been made to the original filed Articles of Incorporation.
- (6) Proof of general liability insurance in the amount of \$20,000.00 with St. Louis County as a Certificate Holder (per 818.060(2) SLCRO 1992).
- (7) Copy of paid Saint Louis County business personal property tax receipt, if applicable.

This application will be referred to the Superintendent of Police, who shall investigate the character and fitness of the proposed licensee, and to determine if said operation has been conducted in accordance with Chapter 818 "The Pawnbrokers Code" and all applicable Laws and Ordinances.

PLEASE ANSWER EACH QUESTION. IF A QUESTION DOES NOT APPLY, PUT "N/A". INCOMPLETE APPLICATIONS WILL BE RETURNED.

Direct questions to: (314)615-4982
or write to:
St. Louis County Department of Revenue
Attn: License Division
41 South Central Avenue
St. Louis, MO 63105

	OUT	IN
POLICE LOCATION CHECK		
POLICE BACKGROUND CHECK		

## APPLICATION FOR LICENSE OF A PAWNSHOP

APPLICATION IS HEREBY MADE TO THE DIRECTOR OF LICENSE, DEPARTMENT OF REVENUE, ST. LOUIS COUNTY, 41 SOUTH CENTRAL AVENUE, CLAYTON, MISSOURI, 63105, FOR A LICENSE AS A PAWNBROKER AS DEFINED IN CHAPTER 818, ST. LOUIS COUNTY REVISED ORDINANCES 1992. <u>PLEASE REVIEW ATTACHED INSTRUCTIONS BEFORE COMPLETING THIS FORM.</u>

1				
Correct Legal Name of Owner, Pa	rtnership or Corporation			
2				
Name of Business				
3			Phone #	
Street Address	City	State Z	r none	
	·		•	
4				
Mailing Address (If different than	#3)			
5. Type of Ownership (check one):	Sole Owner			
c. Type of a windship (eller site).	Corporation			
	Partnership:			
	Limited			
6. <u>SOLE OWNER</u> -				
Full First Name	Middle Initial		Last	
Street Address	C:+	Ctata	7:	
Street Address	City	State	Zip	
7. <u>CORPORATION</u>				
A)				
State of Incorporation		Date of Incorp	oration	
Address of Principal Office	City	State	Zip	
_			•	
B) List of Corporate Officers, Stock	kholders, Directors			
Full First Name	Middle Initial	Las	t Title	
2 021 2 1100 2 (01110	1/11/01/01			
Street Address	City	State	Zip	
Full First Name	Middle Initial	Las	t Title	
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Street Address	City	State	Zip	
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Street Address	City	State	Zip	
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	THE STATE OF THE S	Zus		
Street Address	City	State	Zip	
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Street Address 2 Full First Name		Last	
	City	State	Zip
	Middle Initial	Last	
Street Address	City	State	Zip
Full First Name	Middle Initial	Last	
Street Address	City	State	Zip
Full First Name	Middle Initial	Last	
Street Address	City	State	Zip
additional space is needed, use the List <u>ALL</u> other locations you curre (Name, address, city, state, zip)	2 0		
Name	Address	City/State/Zip	
	Address	City/State/Zip	
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	Address	City	
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Name	e back of this page or attach a	dditional sheets)	ı/State/Zip
Name Name f additional space is needed, use the undersigned Applicant(s) states the nowledge.	e back of this page or attach and the information contained in the	dditional sheets)	rect and complete to the best of the
Name Name  f additional space is needed, use the undersigned Applicant(s) states that	e back of this page or attach and the information contained in the	dditional sheets) e application is true, cor	rect and complete to the best of the