



**PAWNBROKER LICENSE APPLICATION  
CHECKLIST/WORKSHEET**

Attached is the application of a Pawnbroker’s License for the City of Montrose, along with Individual History Records and a Confidential Inquiry Waiver.

The checklist below must be completed by the applicant and submitted to the City Clerk, along with the necessary documents.

NAME OF APPLICANT: \_\_\_\_\_

NAME OF INDIVIDUALS ENGAGING IN BUSINESS WITHIN THE CITY OF MONTROSE ON BEHALF OF THE APPLICANT: \_\_\_\_\_

PLEASE CHECK ALL APPROPRIATE BOXES:

<b>Applicant</b>	<b>City</b>	<b>Documents</b>
		<b>I. APPLICATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	A. Original, signed copy is submitted
<input type="checkbox"/>	<input type="checkbox"/>	B. All appropriate sections completed
<input type="checkbox"/>	<input type="checkbox"/>	C. Application is signed and notarized
<input type="checkbox"/>	<input type="checkbox"/>	D. Attach fee of \$200 (check payable to City of Montrose)
		<b>II. SURETY BOND</b>
<input type="checkbox"/>	<input type="checkbox"/>	A. A copy of a \$2,000 surety bond guaranteeing the faithful and honest conduct of business. Bond running in favor of the City and customers of applicant.
<input type="checkbox"/>	<input type="checkbox"/>	B. A copy of all-risk property insurance insuring all pledged property against loss from fire, theft or other casualty.
		<b>III. BACKGROUND INFORMATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	A. An Individual History Record is submitted for the applicant, agents, employees and owners.
<input type="checkbox"/>	<input type="checkbox"/>	B. A Confidential Inquiry Waiver is submitted with each Individual History Record.
<input type="checkbox"/>	<input type="checkbox"/>	C. Fingerprints are processed through Colorado Fingerprinting or Identogo. <i>(Please see the attached instructions.)</i>

**NOTICE TO APPLICANT:** Your license application and background checks will be processed as quickly as possible, with issuance of your license in approximately thirty (30) days of the date you submitted your application.

City of Montrose pawnbroker rules and regulations may be found in the City of Montrose Municipal Code TITLE V: BUSINESS REGULATIONS, Chapter 5-11.



## **APPLICANT FINGERPRINTING PROCEDURES**

In 2018, the Colorado Bureau of Investigation implemented a new fingerprinting system called CABS (Colorado Applicant Background Services) which established vendors for fingerprinting and CBI/FBI processing.

Two vendors are currently authorized by the State to process fingerprints for background checks. **Appointments for fingerprinting at the Montrose County Sheriff's Office are made through Colorado Fingerprinting.** Schedule an appointment at the Enrollment Center of your choosing. Payments are made to the vendor, and results are forwarded directly to the city clerk.

**IdentoGO** (Idemia) - [uenroll.identogo.com](http://uenroll.identogo.com)

Enter **25YFQB** as the Service Code for professional licenses licensing

Enter **CONCJ4317** as the CBI account number

**Colorado Fingerprinting** (AmericanBioidentity) - [Coloradofingerprinting.com](http://Coloradofingerprinting.com)

Enter **4317LLQH** as the "Unique ID"



**PAWNBROKER LICENSE APPLICATION**

City of Montrose, P O Box 790, 433 South First, Montrose, CO 81402  
Phone 970-240-1421 / Fax 970-240-1493  
www.cityofmontrose.org

APPLICATION DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

**IF APPLICANT IS A CORPORATION:**

Organized under the laws of the State of \_\_\_\_\_

Date: \_\_\_\_\_ Date of last filing with Secretary of State: \_\_\_\_\_

Principal business conducted at \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_

**Corporate Officers:**

**President:**

Name	Address	Date of Birth
_____	_____	_____

**Vice President:**

Name	Address	Date of Birth
_____	_____	_____

**Secretary:**

Name	Address	Date of Birth
_____	_____	_____

**Treasurer:**

Name	Address	Date of Birth
_____	_____	_____

**IF APPLICANT IS A PARTNERSHIP, LIST EACH PARTNER: (name, address, date of birth)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**MANAGER OF BUSINESS (If not applicant):**

name	address	date of birth
_____	_____	_____

Has the applicant or any of the partners, officers, stockholders (if not traded publicly), directors or employees ever been convicted of a felony in the State of Colorado or been convicted of a crime elsewhere which would be a felony if committed in the State of Colorado?  Yes  No

If yes, state full details.

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- Colorado State Sales Tax Number \_\_\_\_\_
- City of Montrose Sales Tax Number \_\_\_\_\_
- Attach proof of all-risk property insurance, insuring all pledged property against loss from fire, theft or other casualty
- Attach License Fee of \$200.00.
- Attach a good and sufficient bond in the amount of \$2,000 conditioned upon the faithful observance of the requirements of Section 5-11 of the Municipal Code of the City of Montrose and of CRS 12-50-101 et.seq. and for the safekeeping or return of all articles held on pledge by the pawnbroker.
- Are the premises, which will be the principal business location, owned or rented? \_\_\_\_\_  
If rented, from whom? \_\_\_\_\_.

List three references who can verify your qualifications and desirability as a licensed pawnbroker.

	NAME	ADDRESS	PHONE	YEARS KNOWN
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Affidavit of Applicant: I certify that the statements made in this application are true and correct to the best of my knowledge and belief. I understand that any false, misleading or fraudulent statement of material fact in this application is reason for denial or revocation.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Witness my hand and official seal.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_



**POLICE ALARM / PAWNBROKER LICENSE APPLICATION  
INDIVIDUAL HISTORY RECORD**

City of Montrose, P.O. Box 790, 433 South First Street, Montrose, CO 81402  
Phone 970-240-1421 / Fax 970-240-1493  
www.cityofmontrose.org

DATE OF APPLICATION: \_\_\_\_\_

NAME OF APPLICANT (full name): \_\_\_\_\_

ALSO KNOWN AS (nickname, aliases maiden, etc.): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MAILING ADDRESS (if different from above): \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SOC. SECURITY NO.: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE of ISSUE: \_\_\_\_\_

U.S. CITIZEN? Yes \_\_\_\_\_ No \_\_\_\_\_. If naturalized, state, city and date of naturalization and certificate number \_\_\_\_\_

HIGH SCHOOL GRADUATE?  Yes  No School and year graduated \_\_\_\_\_

List of all schools of higher learning you may have attended, setting forth dates, courses of study and degrees or certificates obtained, if any (use additional paper if necessary).

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

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, FINED, IMPRISONED, PLACED ON PROBATION, RECEIVED A SUSPENDED SENTENCE OR FORFEITED BAIL FOR ANY OFFENSE IN CRIMINAL OR MILITARY COURT? (Do not include traffic offenses unless they resulted in loss of your driver's license or imprisonment.)

Yes  No

IF YES, LIST AND EXPLAIN \_\_\_\_\_

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

**INDIVIDUAL HISTORY (CONT)**

LIST ALL PLACES OF RESIDENCE FOR THE PAST 15 YEARS: (attach additional sheets if needed)

	City, State	Street Address	From - To
1.			
2.			
3.			
4.			

LIST ALL EMPLOYER OR PLACES OF BUSINESS DURING THE PAST 15 YEARS: (attach additional sheets if needed). Start with most recent.

1.

Business Name	Street Address, City, State	From - To
Supervisor	Duties	
Reason for Leaving		

2.

Business Name	Street Address, City, State	From - To
Supervisor	Duties	
Reason for Leaving		

3.

Business Name	Street Address, City, State	From - To
Supervisor	Duties	
Reason for Leaving		

4.

Business Name	Street Address, City, State	From - To
Supervisor	Duties	
Reason for Leaving		

**INDIVIDUAL HISTORY (CONT)**

Have you ever held a privileged or professional license or certificate in any state such as architect, doctor, teacher, police officer?  Yes  No If so, specify what and when.

\_\_\_\_\_

\_\_\_\_\_

Certificate still valid?  Yes  No If not, state reason: \_\_\_\_\_

\_\_\_\_\_

I understand that a false answer to any of the foregoing can subject this application to denial or a license to revocation. I certify that all the information in this individual history record is complete and correct to the best of my knowledge and belief. Further, I authorize through the attached confidential inquiry waiver agents of the Montrose Police Department to obtain whatever information deemed necessary in confirmation of my statements.

\_\_\_\_\_  
Signature of Applicant

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

Witness my hand and official seal.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

CONFIDENTIAL INQUIRY WAIVER

**TO: MONTROSE POLICE DEPARTMENT**

I request that you furnish information concerning my employment record, school record, financial and credit status, arrest record and any other requested information which might bear on my suitability to perform as a **PAWNBROKER**. In this connection, I authorize release of any and all information that you may have concerning me, to include information of a confidential or privileged nature.

I hereby release you, your organization or others from any civil or criminal liability or damage, which may result from furnishing the information requested above.

A copy of this authorization will be furnished for you records.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

The above information is to be furnished to the City of Montrose, Colorado, Police Department and is for official use only in the conduct of background investigation begin conducted for licensing purposes. Please mail information to:

MONTROSE POLICE DEPARTMENT  
P O Box 790  
Montrose, CO 81402-0790  
Attention: Investigations Section

This original document will be maintained on file with the above named agency.