



Approved ()
Denied ()

Date

Chief of
Police

225 4th St Street North
Fargo, ND 58102
Phone 701-241-8108
Fax 701-241-8184

Reviewed () City Auditor

\$250.00 Investigation Fee Paid: Yes () No ()

Date Paid: _____ Check No. _____

\$250.00 License Fee Paid: Yes () No ()

Date Paid: _____ Check No. _____

Proof of Bond or Proof of Dedicated Account of at Least \$5,000 Attached: Yes () No ()

Proof of Liability Insurance Attached: Yes () No ()

Approved () Denied ()

Date: _____

Note: This application must
be made under oath before a
notary public

Application for City of Fargo **Pawnbroker License**

The applicant filing this application admits and agrees:

- That applicant has a copy of the pawnbroker ordinance of the City of Fargo, and is familiar with the conditions and requirements set forth and contained therein.
- That applicant is familiar with the questions, answers, and information as now appears in this completed application for a pawnbroker license, and that the answers and information are, to applicant's belief and knowledge, true, correct, and complete.
- That applicant, if granted a pawnbroker license, will obey, abide by, and comply with the City of Fargo Pawnbroker Ordinance, and any amendments to either which may from time to time be made.
- That the premises described in this application, if licensed for pawnbroker sales, may be inspected at any time by the Chief of Police, or any officer of the Police Department for the purpose and as set out in the ordinance.

Application for City of Fargo Pawnbroker License

Name of Applicant _____

d/b/a: _____

Business Address

(Location) _____

Mailing Address

OWNERSHIP

The Applicant Is: Check one of the following boxes

Individual ()

Partnership ()

Corporation ()

If Applicant Is An **Individual Limited Partnership, General Partnership, Limited Liability Partnership**, Fill Out The Following Information Regarding Individual Or Partners:

NAME & TITLE % of Ownership	ADDRESS	PHONE #	DATE OF BIRTH	SOC SEC #

Are all of the above persons 18 years of age or older? Yes (); No ()

Are all of the above persons **legal U.S residents** and bona fide residents of the City of Fargo and State of North Dakota? Yes (); No ()

IF APPLICANT IS A **CORPORATION, Limited Liability Company, or Limited Liability Corporation**, PLEASE FILL OUT THE FOLLOWING INFORMATION REGARDING ALL OFFICERS AND DIRECTORS.

NAME & TITLE % of Ownership	ADDRESS	PHONE #	DATE OF BIRTH	SOC SEC #

Application for City of Fargo Pawnbroker License

Legal description of premises to be licensed

Physical address:

Is this business being taken over from another?

Yes (); No ()

If yes, who is the former owner?

Beginning date of your operation of this business:

Have you any agreement or understanding, or intend to have any agreement or understanding, to obtain this license for any other person, partnership or corporation, or to obtain it for any other than the specific use of the applicant?

Yes (); No ()

Is someone other than the applicant the owner of the premises for which the license is requested?

Yes () No ()

If yes, complete the following.

Name _____

Address _____

City, State, Zip _____

Phone # _____

Date of Birth _____ Social Security # _____

Are there any delinquent taxes against the premises?

Yes () No ()

Has applicant ever had a license revoked or rejected by any federal, state, or local agency?

Yes () No ()

Has applicant been convicted of the violation of any law of the United States, or any state; or any local ordinance with regard to theft, fraud, or the possession or sale of stolen property? Have manager, officers, directors, shareholders, members, individual partners, or any individuals within the organization been charged with or convicted of a felony or misdemeanor within the past five years

Yes (); No ()

If yes, attach a full explanation.

Application for City of Fargo Pawnbroker License

If applicant is a **CORPORATION or LLC**, complete this portion:

STATE OF NORTH DAKOTA)
County of Cass)) ss.

_____ and _____ do hereby swear that they are the President and Secretary, respectively of the Corporation which is the Applicant named above; that they have read the application and know the contents thereof; that the information contained and offered therein is true and correct to the best of their knowledge.

(Corporate Seal)

Name of Corporation

President's Signature

Secretary's Signature

Subscribed and Sworn before me this _____ day of _____, 20 ____

Notary Public, Cass County North Dakota

(SEAL)

My commission Expires: _____