

**CITY OF OVERLAND PARK, KANSAS**  
**Precious Metal Dealers License Application**  
**Pawnbroker's Application**

*Nontransferable or Assignable*

Type of License applied for Precious Metal Dealers

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

City License No. \_\_\_\_\_

**O.P.M.C., Chapter 5.52**

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

Fee: \$25.00

License to be issued to

- an individual
- a partnership, firm, company or association
- a corporation

1. Business Name \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_  
City Overland Park State Kansas Zip \_\_\_\_\_

Mailing Address (If different from business address) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Authorized person on behalf of the business named above:*

2. Applicant's Name \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Driver's License No. \_\_\_\_\_

**NOTICE: Number 3- must be answered in regard to all individuals, all members of a partnership, all officers, shareholders or members or corporations or associations which are applying for a precious metal dealer's/pawnbroker license. If additional space is required, please attach to this application.**

*Applicant's Qualifications for license:*

3. a. I have  have not  been an actual resident of the State of Kansas for at least two (2) years immediately preceding the date of this application.
- b. Are you a citizen of the United States? Yes  No
- c. Have you or your spouse ever been convicted of or pleaded guilty to a felony, under the laws of this state, or any other state, or if the United States, or has either of your ever forfeited a bond to appear in court to answer charges for any such offense with the ten (10) years immediately prior to this application for a license? Yes  No .
- d. Have you or your spouse ever had a pawnbroker's license or a precious metal dealer's license revoked?  
Yes  No
- e. Do you own the premises for which a license is sought, or do you have a written lease therefore for at least three-fourths (3/4) of the period for which the license sought is to be issued? Own  Lease
- f. I am at least 21 years of age Yes  No
- g. Is applicant's spouse eligible to receive license pursuant to O.P.M.C. 5.52.030 (H)? Yes  No
- h. Is the applicant the holder of a valid Retailers Sales Tax certificate issued by the Director of revenue pursuant to K.S.A. 79-3608, for each business for which application for license has been made? Yes  No
- Sales Tax Number: \_\_\_\_\_  
FEIN: \_\_\_\_\_

4. If applicant is a partnership, firm, company or an association list the following information for each partner, along with spousal information: Name, address, telephone, date of birth, and driver's license number.

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(a) Do all partners, members and spouses of the corporation meet all qualifications required of licensee as shown in No. 3 of application?: Yes  No   
If no, state reason: \_\_\_\_\_

5. If Applicant is a Corporation, complete the following:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_

List the following information for each officer, shareholder, member and spouse of the corporation: Name, address, telephone, date of birth, and driver's license number. (If additional space is required, please attach to this application)

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(a) Do all officers, shareholders, members and spouses of the corporation meet all qualifications required of licensee as shown in No. 3 of application?: Yes  No   
If no, state reason: \_\_\_\_\_

6 Manager's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Does manager meet all qualifications required of licensee as shown in Question No. 3?: Yes  No  If no, state reason: \_\_\_\_\_

Name of Manager's Spouse \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Does manager's spouse meet all qualifications required of licensee as shown in No. 3 of application?: Yes  No   
If no, state reason: \_\_\_\_\_

7. Please state the address or addresses of any and all places of business premises where the applicant is to be doing business in Kansas

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8. Please state the hours and days of the week during which applicant proposes to engage in the business of precious metals/pawn broking at each place of business.

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*Please attach a detailed inventory and description of all goods, wares, merchandise, precious metals or other property held in pledge or for sale at the time of this application, at the proposed place of business stated above.*

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

\_\_\_\_\_  
Office or Position of Applicant if Applicant  
is a Corporation or Association

Affirmation of Oath

\_\_\_\_\_; being first duly sworn, upon oath deposes and says: That such person is the applicant who makes the above and foregoing application; that such person has read and signed the same, knows the contents thereof and that all statements therein contained are true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

My Appointment expires on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.