

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

Name of Firm			Date Fee Paid
Address of Firms			Follow Up
Address of Firm			Reference
City	State	Zip Code	State Sale
			Permits f
Name of Representative (	(Applicant)		Permit pr
•	License c		
Phone	Email Address		Copy of l
Address of Business to be	Licansad		application se
Address of Dusiliess to be	: Licensed		Permit Num
City	State	Zip Code	r et mit Num
Length of time you antici	pate your business operating	from this address	
Yes No			Application 1
	been convicted of any crime	within the last five years?	
If	yes, please describe the type of crir	ne, date, and where this occurred	
Address where you last ra	an a business, including itinera	ant business, within the last six	
months. (List Post Office Box	AND street address)		
РО Вох			
<b></b>		<b>7</b> 1 0 1	
City	State	Zip Code	If denied:
Address			
City	State	Zip Code	Ames Police
Describe your plans for a	dvertising		
			City Attorney

For Office Use Only

Door	monte	D	· coit	ha

Completed Application
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
Application Denial Reasons:
If denied:
If denied:
If denied: Ames Police Department

## **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			
<ul> <li>This form must also be signed by one of the following, if different form above:</li> <li>Owner, if firm is owned by an individual</li> <li>Both Partners, if firm is a partnership, or</li> <li>President of the Corporation, if firm is a corporation</li> </ul>					
I hereby certify that the above information is true and correct.					

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.

Date

Date

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

Signature

Signature

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

Name, Title

Name, Title

## **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		First	Middle
Date of Birth		Social Security Number	
Driver's License Numbe	r	State of Issue	

Please return completed form to: rknutsen@city.ames.ia.us
City Clerk's Office
City of Ames
PO Box 811
Ames, IA 50010