

**CITY OF LAWRENCE
DEPT. OF PUBLIC WORKS**

APPLICATION FOR PAWN/SECONDHAND DEALER

ANNUAL FEE: \$100.00

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL: _____ FAX: _____

LEGAL STATUS OF BUSINESS: _____ INDIVIDUAL PROPRIETOR _____ PARTNERSHIP _____ CORPORATION
_____ LLC

REGISTERED AGENT'S NAME: _____

REGISTERED AGENT'S ADDRESS: _____ ZIP CODE: _____

PRINCIPAL OPERATOR/MANAGER NAME: _____

PHONE NUMBER: _____ EMAIL: _____ FAX: _____

NAME OF SALESPERSONS: _____ **PLEASE ATTACH LIST TO APPLICATION**

RETAIL MERCHANTS CERTIFICATE NUMBER: _____ (ATTACH COPY)

***REQUIRED:** If this business entity is a corporation or a limited partnership, please provide a copy of the **certificate of existence** from the Indiana Secretary of State.

The undersigned license applicant has read and fully understands the terms and conditions for the issuance of the above-described license, as outlined in 4-1-3-1, et seq and 4-2-10-1, et seq of the City Code of Lawrence, Indiana, a copy of which is furnished with this application. The applicant understands that a violation of any term or condition for the issuance of the license shall be grounds for revocation of such license, as provided by law. The applicant represents, under the penalties of perjury, that the information in the forgoing application for license is true.

SIGNATURE

PRINTED NAME

DATE

REVISED 01.21.2021

