



License Section – MS 6006
Department of Inspections and Permits
2664 Riva Road, Annapolis MD 21401
Telephone: 410-222-7788 Fax: 410-222-4488
www.aacounty.org

ANNUAL PAWNBROKER LICENSE APPLICATION

Each person doing business as a pawnbroker is required to have a license.

Provide an application for each employee who will conduct pawn transactions. Indicate the number of forms attached here \_\_\_\_\_

Full Name of Applicant \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

- 1. Are you a US Citizen? YES/NO If no, attach a copy of your employment authorization or permanent resident card.
2. Do you hold a Firearm Dealers License? YES/NO
3. Do you hold a second hand precious metal license? YES/NO If yes, attach copies.
4. If you answer yes to any of the following questions you must attach relevant documentation or explanation.
5. Have you ever been convicted, pled guilty, received a Probation Before Judgment, been held liable or found to have committed acts involving moral turpitude, including any violation of federal, state or local law or regulation? YES/NO
6. Have you ever had a judgment entered in an action for fraud, deceit or misrepresentation by any court of competent jurisdiction? YES/NO
7. Have you ever had association with individuals known to have engaged in organized crime or racketeering? YES/NO
8. Have you ever had a financial relationship with any persons known to have engaged in organized crime or racketeering? YES/NO
9. Have you ever had direct managerial or supervisory control over an enterprise in which there was a pattern of cheating, fraud or employee dishonesty? YES/NO
10. Have you ever engaged in any other conduct that might be considered a threat to the integrity of the business of pawnshop transactions? YES/NO
11. Do you own or lease this property? OWN/ LEASE If you lease, attach a valid lease agreement.
12. Name of Pawnshop \_\_\_\_\_
13. Address of Pawnshop \_\_\_\_\_
14. Business Telephone number \_\_\_\_\_
15. FAX number \_\_\_\_\_ E-Mail Address \_\_\_\_\_
16. Days and hours of operation \_\_\_\_\_
17. Are you an owner or officer of this business? YES /NO List the officers or partners in this business. Provide full name, date of birth and title for each:
18. If you are not an owner or officer state your job title and brief description of duties:
19. Business is a : Corporation Limited Partnership Sole Proprietor Other:
20. Federal Employee Identification Number \_\_\_\_\_

I, the undersigned applicant, authorize Anne Arundel County to investigate any and all statements made in this application. I certify that the information herein is true and accurate to the best of my personal knowledge. I understand if any misrepresentations have been made herein or the results of the investigation are not satisfactory, then the license may be withdrawn or denied.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Required attachments:

- 1. Written explanations for any "Yes" statements.
2. Evidence of liability insurance with minimum coverage of \$300,000 and \$100,000 property damage.
3. Copies of relevant licenses, if applicable.
4. Lease agreement, if applicable.
5. Annual license fee, payable to 'Anne Arundel County' (\$250 for the first person licensed at the location, \$50 per person thereafter).

The license, if issued, will expire April 30 of each year.