License Division, MS 6006
2664 Riva Road
Annapolis, MD 21401

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 _
Full Name of Applicant _____ Sex __ DOB _____ Place of Birth _____

1. Are you a US Citizen? _____ If no, attach a copy of your employment authorization or permanent resident card.
2. Do you hold a Firearm Dealers License? _____
3. Do you hold a second hand precious metal license? _____ If yes, please attach copies.
4. **If you answered 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 Judgement, been held liable or found to have committed acts involving moral turpitude, including any violation of federal, state or local law or regulation ___
6. Have you ever had a judgement entered in an action for fraud, deceit or misrepresentation by any court of competent jurisdiction? _____
7. Have you ever had association with individuals known to have engaged in organized crime or racketeering? _____
8. Have you ever had a financial relationship with any persons known to have engaged in organized crime or racketeering? _____
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? _____
10. Have you ever engaged in any other conduct that might be considered a threat to to the ingegrity of the business of pawnshop transactions? _____
11. Do you own or lease this propery? _____ If you lease, attach a valid lease agreement.
12. Name of Pawnshop _____
13. Address of Pawnshop _____
14. Business Telephone number _____
15. FAX number _____ Email Address _____
16. Days and hours of operation _____
17. Are you an ower or officer of this business? _____ List the officers or partners in this business. Provide full name, date of birth and title for each: _____
18. If you are not an ower or officer state your job title and brief description of duties: _____
19. Business is a: Coorporation ◯ 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)