



MUNICIPALITY OF ANCHORAGE
 OFFICE OF THE MUNICIPAL CLERK
 P.O. Box 196650 (632 W. 6th Ave., Ste. 250)
 Anchorage, Alaska 99519-6650

PAWNBROKER APPLICATION

(LICENSES ARE NOT TRANSFERABLE)

For Office Use Only

License #: _____

Date Issued: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION: (Type or Print)

Application Date: _____

I, _____, hereby make application for a New or Renewed **PAWNBROKER**

LICENSE in accordance with Title 10 of the Anchorage Municipal Code for the 20_____ - 20_____ license years.

_____ (Initial) **I have read and understand AMC 10.20 and will comply with all applicable requirements of Title 10.**

_____ (Initial) **I understand a bond in the amount of \$25,000 is required (must provide original bond).**

Applicant's Name: _____ (Phone) _____

Applicant's Mailing Address: _____

Applicant's Street Address: _____

Business Name: _____ (Phone) _____

Business Mailing Address: _____

Business Street Address: _____

Email Address (required*): _____

**All correspondence regarding this application and subsequent license will be sent via provided email address.*

PLEASE COMPLETE THE FOLLOWING:

1. Have you, within 5 years previous to this date, been convicted of a crime involving larceny, theft, receiving or concealing stolen property, dealing with illegally obtained property or involving misrepresentation or fraud? Yes No

If you answered "yes," please list all charges, date of charges, place of charges, and sentences or fines imposed:

2. Describe the terms and conditions of the lending agreement you use or intend to use: _____

3. What period of time is allowed for redemption of articles? _____

4. What rate or amount of interest is charged for use of money loaned? _____

5. What other charges are made for use of money loaned? _____

6. How are articles identified for redemption? _____

PROVIDE THE FOLLOWING WITH YOUR APPLICATION:

Original \$25,000 Bond

State of Alaska Business License #: _____ Date Issued: _____ Expiration Date: _____

IF BUSINESS ENTITY, PLEASE COMPLETE:

Corporate Officer's Name	Address	Zip Code	Telephone
Registered Agent:			

I state, under penalty of perjury, that my name and signature or mark are shown on this application and that I am the individual making the foregoing application and authorized agent for this business and that the answers to the questions and other statements contained in this application are true and complete to my knowledge. **WARNING:** I understand that it is illegal to falsely sign or forge a signature. Falsely signing this declaration is an offense and may be prosecuted. It is a crime to submit a false written statement. AMC 8.30.170 - Unsworn falsification in the second degree. Unsworn falsification is a class A misdemeanor. AS 11.56.220, AS 11.56.235, AS 11.56.240

Signature of Applicant

Date

FOR OFFICE USE ONLY

I.D. Furnished and Number	Fee Paid: \$	Cash	Credit Card	Check No.	Receipt No.