

SECONDHAND DEALER/PAWNBROKER LICENSE

A Secondhand Dealer/Pawnbroker License is required for any person, whose principal business is primarily that of engaging in buying, selling, trading, taking in pawn, accepting for sale on consignment, accepting for auction or auctioning secondhand personal property. It also includes any person who conducts more than one garage sale per calendar year, or who conducts a garage sale which extends beyond two consecutive days. License is valid for two years.

Permit approval requires review recommendations of:

- Police Department
- Planning Department
 - Zoning verification
- Building Department
 - Compliance with building code
- Fire Department
 - Compliance with fire code

Business Operation Tax (BOT) Fee:

- **Minimum** - \$31.00

Permit Fee:

- **New** - \$204.00*
- **Renewal** - \$203.00*

*Payable to City of Sacramento

Fingerprint Fee:

- \$88.00 (new permits only)
 - Make Payment at 915 I Street, Room 1201 Permit Section, New City Hall Admin Bldg
 - Payable to City of Sacramento
 - Call 808-0780 to schedule a fingerprinting appointment
 - 5770 Freeport Blvd, Suite 100 Sacramento 95822
 - Bring receipt from City Hall to fingerprinting appointment
 - Fees are non-refundable

Department of Justice Fee:

- **New** - \$300.00*
- **Renewal** \$300.00* Fees are non-refundable

*Check and application packet will be left with the fingerprint technician. Fee **MUST** be paid by check or money order (payable to Department of Justice.)

*If it is a pawnbroker license, there should also be a surety bond document in the application packet.

New applicants only:

- Visit web page:
 - <https://capss-licensing.doj.ca.gov/public/applications/new?ori=CA0340400>
- Enter your application information
 - Must be completed to prevent delays.

For any questions please contact Dawn Stolarow, Permits and Licensing Sacramento Police Department at (916) 808-0700 between 8:30 am until 4:00 pm. Monday through Friday.

TO: CHIEF OF POLICE, SHERIFF AND PAWNBROKER APPLICANT(S)

THIS NOTICE IS TO BRING TO THE ATTENTION OF THE LICENSING AGENCY AND PAWNBROKER APPLICANT(S) THE CONDITIONS PRECEDENT TO THE ISSUANCE OR RENEWAL OF A PAWNBROKER'S LICENSE, OUTLINED IN FINANCIAL CODE SECTIONS 21303 AND 21304 BELOW:

21303.(a) As a condition precedent to the issuance or renewal of a pawnbroker's license the applicant shall file a pawnbroker's two-year nonrevokable surety bond with the issuing authority, in the sum of twenty thousand dollars (\$20,000). The pawnbroker's bond required by this article shall be executed by an admitted surety in favor of the State of California and shall be filed by the applicant with the licensing authority.

(b) The bond shall be for the benefit of pledgors of pledged property when the property is not available for redemption, due to the criminal negligence, criminal malfeasance, or other criminal conduct of the pawnbroker, and the pledgor has complied with the conditions precedent to redemption under the terms of the loan contract. The pledgor has the burden of establishing by clear and convincing evidence that all conditions precedent to redemption under the terms of the loan contract have been performed.

21304.(a) As a condition precedent to the issuing of a pawnbroker's license, the applicant shall file with the issuing authority a financial statement confirming that the applicant has at least one hundred thousand dollars (\$100,000) in the form of liquid assets readily available for use in each licensed business for which the application is made, not including real property or in the absence of one hundred thousand dollars (\$100,000), an applicant may post a nonrevokable surety bond in the amount of one hundred thousand dollars (\$100,000) or the applicant may, in lieu of posting a surety bond, deposit money, certificates, accounts, bonds or notes, as provided in Section 995.710 of the Code of

Civil Procedure. The financial statement shall be filed by the applicant under penalty of perjury and signed by a California certified public accountant verifying that he or she has *reviewed* the financial statement.

(b) This section is not applicable to any person holding a secondhand dealer's license pursuant to Section 21641 or 21642 of the Business and Professions Code and who is actively engaged as a pawnbroker on the effective date of this section.



APPLICATION FOR SECONDHAND DEALER OR PAWNBROKER LICENSE

A. Type of Application (Check the appropriate box):

- Application for Secondhand Dealer License (21641 B&P)
- Application for Pawnbroker License (21300 FC)
- Application for Renewal:
- Secondhand Dealer License (21642 B&P) State License No.: _____
- Pawnbroker License (21301 FC) State License No.: _____
- Modifications (change of business, name, address, etc.)

| DOJ USE ONLY | |
|--------------|-------|
| Received: | _____ |
| Check # | _____ |
| Check Amt: | _____ |

B. Licensing Agency Information: (Completed by licensing agency only.)

Licensing Agency (Substation if applicable) _____ Date _____

Mailing Address _____

Licensing Official (Name, Title) _____ Phone _____

THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY THE APPLICANT(S)

C. Business Owner(s): (Name of individual, partners, or corporate officers)

| | | | |
|------------|---------------------|-------------|-------------|
| Name _____ | Date of Birth _____ | Title _____ | Phone _____ |
| Name _____ | Date of Birth _____ | Title _____ | Phone _____ |
| Name _____ | Date of Birth _____ | Title _____ | Phone _____ |

ATTACH ADDITIONAL SHEET IF NECESSARY. CHECK CIRCLE IF ADDITIONAL SHEET IS USED

D. Business Information

Business Name _____ Phone _____

Street Address _____ City _____ Zip Code _____

Business Ownership: Individual Partnership Corporation
(If corporate name differs from business name, complete the following):

Corporation Name _____ Phone _____

Street Address _____ City _____ Zip Code _____

E. Off-Site Storage Location:

Will property belonging to the business be stored off the business premises? Yes* No *If "yes," please provide the information below:

Off-Site Storage Street Address _____ City _____ Zip Code _____

F. Multiple Secondhand Dealer or Pawnbroker Businesses:

Do any parties to this application have a financial interest in any other Secondhand Dealer or Pawnbroker Business in California?

Yes* No *If "yes," please provide the Business Name, Address, City, and State assigned Secondhand Dealer or Pawnbroker License Number on an additional sheet of paper, and check circle if additional sheet is used

G. Additional Information:

Have any parties to this application ever been convicted of an attempt to receive stolen property or any other property-related crime?

Yes* No *If "yes," please provide the applicant's name, date, and details on the arrest or conviction on an additional sheet of paper, and check circle if additional sheet is used

H. Certification:

"As the person responsible for completing the application for the business, I certify under penalty of perjury that the information on this application is true and complete to the best of my knowledge."

SIGNATURE _____ TITLE _____ DATE _____

INSTRUCTIONS AND INFORMATION FOR COMPLETING THE APPLICATION FOR SECONDHAND DEALER OR PAWNBROKER LICENSE

Section A. TYPE OF APPLICATION

For a new application, the applicant must identify the type of business license by checking the appropriate box. If the application is for a renewal of an existing state secondhand dealer's license or pawnbroker's license, the licensee must check the appropriate box and provide the state license number. If the application is for an initial pawnbroker's license, ensure that the surety bond and financial statement are filed with the issuing agency. If the application is for a renewal of a pawnbroker's license, ensure that the surety bond is filed with the issuing agency. If the application is for a modification of an existing state secondhand dealer's or pawnbroker's license, the licensee must check the modification box and provide the state license number.

Section B. LICENSING AUTHORITY INFORMATION

The licensing agency shall complete Section B. Enter agency information, the name, title, and phone number of official processing the application. Enter the date the completed application was received by your agency for transmittal to the Department of Justice (DOJ).

Section C. BUSINESS OWNERS

- If business is *Individually owned*, enter owner's name, date of birth, title, and home phone number.
- If business is a *Partnership*, enter each partner's name, date of birth, title, and home phone number.
- If business is a *Corporation*, enter each corporate officer's name, date of birth, title, and home phone number.
- To complete the application package, all parties listed in this Section must submit fingerprints for criminal offender record information background checks.
- Live Scan submissions, please submit a completed copy of the REQUEST FOR LIVE SCAN SERVICE, Applicant Submission form BCIA 8016SHDPB. The Applicant Submission form (BCIA 8016SHDPB) for the State Secondhand Dealer and Pawnbroker Unit includes pre-printed information.

Section D. BUSINESS INFORMATION

- Enter the business name and, if applicable, corporation name.
- Enter the address information of the business and, if applicable, corporation address.
- If the corporation name differs from the business name in Section D-1, provide the requested information.
- Check the appropriate type of business ownership.

Section E. OFF-SITE STORAGE LOCATION

If the applicant intends to store property belonging to the business other than at the business address in Section D, above, enter the Off-Site Storage Information. Exemption from disclosure of the off-site storage, on the licensure form, will require the local licensing agency to file with DOJ written instruction for exemption.

Section F. MULTIPLE SECONDHAND/PAWNBROKER BUSINESSES

If the response is "YES", attach a sheet disclosing: the business name, address, city, zip code, phone number and state assigned license number. If "NO", proceed to Section G.

Section G. ADDITIONAL INFORMATION

If the response is "YES", attach a sheet disclosing: applicant's name, date and details of the arrest, conviction and if available copy of the court disposition. If the response is "NO", proceed to Section H.

Section H. CERTIFICATION STATEMENT

The person responsible for completing the application or person responsible for the business must sign and date the certification.

DEPARTMENT OF JUSTICE FEE SCHEDULE:

Secondhand Dealer/Pawnbroker Application, JUS 125 = \$300 (New or renewal application, payable to DOJ)
Criminal Offender Record Information Background Check = \$32 (Each applicant, payable to live scan agency.)

The DOJ fee schedule does not include any additional fee that the licensing authority may charge for processing this application, pursuant to the Business and Professions Code or Financial Code, or for the service of taking fingerprints for the criminal offender record information background check. Payment to the DOJ must be made by check, cashier's check or money order.

NOTE: The fees are non-refundable. Cash will not be accepted for payment. Make remittance payable to "Department of Justice."

Should the applicant(s) be printed using the fingerprint hard card (FD 258) because the printing agency has an exemption to the Live Scan requirement, the fingerprint hard card(s), along with the required fees, payable to the DOJ, must be sent in with the application.



CITY OF SACRAMENTO PERMIT APPLICATION

It is the business owner's responsibility to notify the Police Department immediately if there are any changes to the business entity from the information submitted on this application. It is the applicants responsibility to renew the license by the expiration date, whether they receive a renewal form or not. If necessary, use a separate sheet of paper to fully answer the following questions. The permit may be denied, suspended, or revoked if you make a false statement in this application, or for reasons specified in Sacramento City Code Chapter 5. **APPLICATION FEES ARE NON REFUNDABLE**

Please type or Print Clearly

| REASON FOR APPLICATION: | | | |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> NEW BUSINESS | <input type="checkbox"/> CHANGE OF OWNER | <input type="checkbox"/> SOLE PROPRIETORSHIP | <input type="checkbox"/> PARTNERSHIP |
| <input type="checkbox"/> DUPLICATE | <input type="checkbox"/> RENEWAL PERMIT Number: | <input type="checkbox"/> CORPORATION | <input type="checkbox"/> LLC <input type="checkbox"/> LTD PTR |

| BUSINESS INFORMATION: | |
|-----------------------|---|
| NAME OF BUSINESS: | BUSINESS ADDRESS (INCLDUING SUITE NUMBER) |
| BUSINESS PHONE: | ALTERNATE PHONE NUMBER: |
| E-mail Address: | |
| TYPE OF BUSINESS | |
| NUMBER OF EMPLOYEES | STATE OR FEDERAL LICENSE # (FFL, PPO): |

| OWNERS, PARTNERS, AND APPLICANTS | | | |
|----------------------------------|--------------------|--------------------------------------|--------------|
| OWNER NAME: | | | |
| OTHER NAMES YOU HAVE USED: | | | |
| PHONE | CELL PHONE NUMBER: | E-mail Address: | |
| HOME ADDRESS: | | | |
| STATE: | ZIP: | HOW MANY YEARS HAVE YOU LIVED IN CA: | |
| DATE OF BIRTH: | DRIVER LICENSE: | HEIGHT: | WEIGHT: |
| HAIR COLOR | EYE COLOR | NATIONALITY | U.S. CITIZEN |

TYPE OF PERMIT: ALCOHOL CARD ROOM GUN DEALER ENTERTAINMENT 2ND HAND/PAWN

List all the Permits you have held:

Have you ever had any permit or License revoked or denied? If Yes Please Explain

PRODUCTS AND SERVICE SOLD

| | | | |
|--|--|--------------------|-------|
| DO YOU PLAN TO SELL OR SERVE FOOD: <input type="checkbox"/> YES SPECIFY NUMBER OF SEATS: _____ <input type="checkbox"/> NO: | DO YOU PLAN TO SELL OR SERVE ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <hr/> <table style="width:100%;"> <tr> <td style="width:70%;">ABC LICENSE NUMBER</td> <td style="width:30%;">TYPE:</td> </tr> </table> | ABC LICENSE NUMBER | TYPE: |
| ABC LICENSE NUMBER | TYPE: | | |

| | |
|---------------------|-------------------------------|
| HOURS OF OPERATION: | NAME OF LICENSING REP AT ABC: |
|---------------------|-------------------------------|

| | |
|--|--|
| DOES YOUR BUSINESS HAVE: <input type="checkbox"/> AMUSEMENT MACHINES <input type="checkbox"/> NO <input type="checkbox"/> YES (QTY) <input type="checkbox"/> VIDEO GAMES <input type="checkbox"/> NO <input type="checkbox"/> YES (QTY) <input type="checkbox"/> JUKE BOXES <input type="checkbox"/> NO <input type="checkbox"/> YES (QTY) <input type="checkbox"/> POOL TABLE <input type="checkbox"/> NO <input type="checkbox"/> YES (QTY) | WILL YOU HAVE <input type="checkbox"/> MUSIC <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> DANCING <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> LIFE PERFORMANCE <input type="checkbox"/> NO <input type="checkbox"/> YES |
|--|--|

| | | |
|--|---|--|
| WILL YOU DEAL IN: <input type="checkbox"/> COINS <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> FIRE ARMS <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> JEWELS <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> GOLD <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> SECOND HAND PROPERTY <input type="checkbox"/> NO <input type="checkbox"/> YES | SELECT ONE: <input type="checkbox"/> I AM RENTING MY BUSINESS PROPERTY <input type="checkbox"/> I OWN MY BUSINESS PROPERTY ** PLEASE INCLUDE A FLOOR PLAN ** ARE YOU FAMILIAR WITH THE ORDINANCES OF THE CITY OF SACRAMENTO AND THE LAWS OF THE STATE OF CALIFORNIA PERTAINING TO THE APPLICATION? <input type="checkbox"/> YES I AM <input type="checkbox"/> NO I AM NOT | PROPERTY OWNER NAME: <hr/> PROPERTY OWNER PHONE NUMBER: |
|--|---|--|

HAVE YOU EVER BEEN CONVICTED OF A CRIME: (INCLUDE CONVICTIONS BY VERDICT, PLEA OF GUILTY, PLEA OF NO CONTEST, ANY FINES PAID, OR DIVERSION PROGRAMS COMPLETED.

NO

YES (GIVE THE DATE OF ARREST, OFFENSE YOU WERE CHARGED WITH AND THE CITY

APPLICANT SIGNATURE

I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND AND AGREE THAT ANY FALSE OR MISLEADING ANSWER WILL RESULT IN THE DENIAL OR REVOCATION OF ANY PERMIT. I UNDERSTAND THAT VERIFICATION OF THE ACCURACY OF THE PRECEDING INFORMATION IS A MATTER OF PUBLIC RECORD AND MAY BE MADE AVAILABLE TO INTERESTED PARTIES UPON REQUEST.

Signature of Applicant: _____ DATE: _____

****FOR OFFICAL USE ONLY****

| | |
|--|--|
| APPROVALS: PLANNING: APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO / REVIEWD BY: _____ BUILDING: APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO / REVIEWD BY: _____ FIRE: APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO / REVIEWD BY: _____ | SPD #: _____ THUMB PRINT: |
|--|--|