

**CITY OF EMPORIA, KANSAS
PRECIOUS METAL DEALERS LICENSE**

1. License to be issued to an Individual (); Partnership (); Corporation ().

2. IF INDIVIDUAL – please state your full name and residence address.

3. IF PARTNERSHIP – Please state the full name and date of birth of each partner and the residence address of each.

4. IF CORPORATION OR ASSOCIATION – please state the full name of such corporation or association and where incorporated.

NAME	RESIDENCE ADDRESS	OFFICE OR POSITION
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5. Please state the address or addresses of any and all places of business and premises, where the applicant is to be doing business in Kansas.

6. Please state the hours and days of the week during which applicant proposes to engage in the business of purchasing precious metals for the purpose of reselling such metals in any form at each place above mentioned.

7. Is the applicant the holder of a valid Retailers Sales Tax Certificate issued by the Director of Revenue pursuant to K. S. A. 79-3608, for each of business for which application for license has been made?
Yes (), No ()

8. Applicant has attached hereto a detailed inventory and description of all precious metals held in pledge or for sale at the time of this application, at each place of business stated above, said inventory or inventories indicating whether or not all precious metals were received in pledge or purchased as second hand merchandise, or precious metal purchased for resale.

NOTE: QUESTION #9 MUST BE ANSWERED IN REGARD TO ALL INDIVIDUALS, ALL MEMBERS OF A PARTNERSHIP, ALL OFFICERS, SHAREHOLDERS OR MEMBERS OF CORPORATIONS OR ASSOCIATIONS WHICH ARE APPLYING FOR A PRECIOUS METAL DEALERS LICENSE. IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH TO THIS APPLICATION.

Please X the following:

9. A. Are you a citizen of the United States? **Yes (), No ()**

B. Are you now and have you been an actual resident of the state of Kansas for at least two (2) years immediately preceding the date of this application? **Yes (), No ()**

C. Have you ever been convicted of or pleaded guilty to a felony, or has your spouse ever been convicted of or pleaded guilty to a felony, under the laws of this state, or any other state, of the United States, or has either of you ever forfeited a bond to appear in court to answer charges for any offense within the ten (10) years immediately prior to this application for a license?
Yes (), No ()

D. Have you or your spouse ever had a pawnbroker's license revoked? **Yes (), No ()**

E. Are you twenty-one (21) years of age or older? **Yes (), No ()**

F. Do you own the premises for which a license is sought, or do you have a written lease therefore for at least three fourth (3/4) of the period for which the license sought is to be issued?
Own (), Lease ()

G. Do you have a spouse also eligible for such license, save for age, citizenship and residency requirements?
Yes (), No (), Name

Signature of Applicant

Office or position of Applicant if Applicant is a Corporation or Association

AFFIRMATION ON OATH

_____, being, first duly sworn, upon oath deposes and says: That such person is the applicant who makes the above foregoing application; that such person has read and signed the same, knows the contents thereof and that all statements therein contained are true.

Signature of Applicant

STATE OF KANSAS, COUNTY OF _____, ss:

Subscribed and sworn to before me, a Notary Public in and for said county and state, this

_____ day of

_____, 20_____.

Notary Public

My Commission Expires: _____