



United City of Yorkville  
651 Prairie Pointe Drive  
Yorkville, Illinois 60560  
630-553-4350

## Application for Pawnbroker / Resale Dealer License

*Please print legibly in ink or type application.*

*License Term – January 1 through December 31*

*License Fee - \$200.00*

Application for (check one): Pawnbroker  Resale Dealer

Type of Business: Corporation  LLC  Partnership  Individual Sole Proprietor

Name of Corporation, LLC, Partnership, or Individual: \_\_\_\_\_

Office Address of Corporation, LLC, Partnership: \_\_\_\_\_

\_\_\_\_\_ City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

FEIN: \_\_\_\_\_ Illinois Tax Number: \_\_\_\_\_

Local Business Name (assumed or d/b/a name): \_\_\_\_\_

Local Street Address: \_\_\_\_\_ City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mail renewal application to: Local Business Address  Corporation, LLC, Partnership Address

### Section 1: On-site General Manager:

**Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Numbers: Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License/State ID#: \_\_\_\_\_ State Issued: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of Business Owned: \_\_\_\_\_



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### Section 2: Business Information:

For Corporations - List each Officer, Director, and Shareholder owning more than 5% of stock.

For LLCs – List LLC Manager and all members of the LLC.

For Partnerships – List each Partner.

For Sole Proprietorship – List individual applicant.

**Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Numbers: Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Driver's License/State ID#: \_\_\_\_\_ State Issued: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of Business Owned: \_\_\_\_\_

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**Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Numbers: Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
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Position/Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of Business Owned: \_\_\_\_\_

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**Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Numbers: Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Driver's License/State ID#: \_\_\_\_\_ State Issued: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of Business Owned: \_\_\_\_\_

**\* Please copy this page (if needed) to list all required persons**



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### Section 3: Questions regarding On-site General Manager and all Persons listed in Section 2:

Has any person listed in Section 1 and Section 2 ever been convicted of any criminal offense or ordinance violation (other than traffic or parking offenses)? Yes  No

If yes, please list the name of the violator(s), the type, date and location of said offense below:

Name of Individual: \_\_\_\_\_

Type of Violation: \_\_\_\_\_

Date of Violation: \_\_\_\_\_ Location of Violation: \_\_\_\_\_

Details of Violation: \_\_\_\_\_

\_\_\_\_\_

Has any person listed in Section 1 and Section 2 ever had a pawnbroker or resale dealer license revoked?

Yes  No

If yes, please list the name of business which had said license revoked/suspended, its location, the date of the revocation/suspension, and all details of the revocation/suspension, including events leading to the revocation/suspension below:

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

State, County, City of Business: \_\_\_\_\_

Date of Revocation/Suspension: \_\_\_\_\_

Details of Violation: \_\_\_\_\_

\_\_\_\_\_

Has any person listed in Section 1 and Section 2 previously applied for a pawnbroker or resale dealer license on premises other than described in this application? Yes  No

If yes, please list all names and all locations, including the city, county and state and describe outcome of such applications:

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

State, County, City of Business: \_\_\_\_\_

Status of application – approved or denied: \_\_\_\_\_

**\* Please copy this page (if needed) to list additional violations**



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### Section 4: Pawnbroker and Resale Dealer Rules and Regulations:

Has the applicant acquainted himself with the rules and regulations as defined in the Yorkville City Code, Title 3, Chapter 13, Pawnbroker and Resale Dealers? Yes  No

Does the applicant intend to comply with each and every provision thereof? Yes  No

### Section 5: Business Premises:

Does the applicant own the premises where the Pawnbroker / Resale Dealer business will be operated and maintained? Yes  No

If not, does the applicant have a valid lease? Yes  No

Name and address of owner of premises:

Business Name: \_\_\_\_\_

Owner : Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

### Section 6: Zoning:

Please contact the Community Development Department at (630)553-8573 to check the zoning of the proposed business location prior to filing your application.

Zoning Classification of Premises to be licensed: \_\_\_\_\_

### Section 7: Building Department Permits/Inspections:

Please contact the Building Department at (630)553-8545 to check to see if any permits and/or inspections are required for your business.

### Applicants must submit the following with their application:

- Copy of Valid Driver's License or State ID for all persons listed in this application.
- Permit Bond in the Sum of \$1,000.00 with the United City of Yorkville named as obligee.
- Pawnbroker / Resale Dealer License Fee - \$200.00
- Fingerprinting is required on applicant, partners, officers, listed shareholders owning more than five percent (5%) of stock and the on-site general manager. The fingerprinting fee is \$27.00 per person.



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### Waiver and Release of All Claims Form

Please read this statement carefully and be aware that by agreeing to allow the United City of Yorkville to investigate your criminal/financial background, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal background check and review.

**I AUTHORIZE** an investigator or other duly accredited representative of the United City of Yorkville or its agents to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information.

**I AUTHORIZE** custodians of records and other sources of information pertaining to me to release such information upon request of the investigator or other duly accredited representative of the United City of Yorkville or its agents authorized above regardless of any previous agreement to the contrary.

**I WAIVE** and relinquish all claims I may have against the United City of Yorkville and its officers, agents, servants, and employees, as a result of participating in this background check.

**I STATE** that I have read and fully understand this Waiver and Release of All Claims Form.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

### Affidavit for Pawnbroker / Resale Dealer License

State of Illinois

County of Kendall

In witness whereof, the undersigned, being duly sworn verifies that the statements contained in this Application for a Pawnbroker / Resale Dealer License are true and correct, along with the acknowledgement by the applicant that denial of license or revocation of license may occur in the event of falsification of such information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Applicant Title

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY

# FBI Privacy Act Statement

*This privacy act statement is located on the back of the [FD-258 fingerprint card](#).*

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_