



CITY OF DOUGLAS
PAWNBROKER'S LICENSE APPLICATION, TERM
OF _____

INFORMATION REGARDING APPLICANT:

1. Full Name:		
2. Social Security #:	3. Home Phone #:	
4. Address of Premise (City/State/ZIP):		
5. Address of Residence (City/State/ZIP):		
6. Driver's License #:	7. State:	8. Expiration Date:

INFORMATION REGARDING COMPANY:

9. Company Name:	
10. Company Address (City/State/ZIP):	
11. Company TIN/SSN:	12. Company Phone #:
13. Has a license been obtained from Wyoming uniform credit code? Yes <input type="checkbox"/> No <input type="checkbox"/>	15. Date Received:
14. License #: _____	16. Expiration Date:

IF PARTNERSHIP OR CORPORATION, LIST NAME & ADDRESS (ES)

17. Name/Title: Address (City/State/ZIP):
18. Name/Title: Address (City/State/ZIP):
19. Name/Title: Address (City/State/ZIP):
20. Name/Title: Address (City/State/ZIP):

******STAFF COMMENTS******

CITY ADMINISTRATOR: _____

ADMINISTRATIVE SERVICES DIRECTOR: _____

CHIEF OF POLICE: _____

PUBLIC WORKS DIRECTOR: _____

COMMUNITY DEVELOPMENT DIRECTOR: _____

CITY CLERK: _____
