



TOWN OF PARADISE

POLICE DEPARTMENT

5595 Black Olive Drive, Paradise, CA 95969 • 24-Hour (530) 872-6241 • General (530) 872-6161 • FAX (530) 872-4950

INSTRUCTIONS TO APPLICANT

Pawnbroker– Initial or Renewal

In order to obtain or renew your local regulatory permit as a Pawnbroker in the Town of Paradise, please complete the following items and return them to the Paradise Police Department:

- Completed and signed Pawnbroker Application
- Pawnbroker License fee
 - Initial Fee made payable to the Town of Paradise (See current Master Fee Schedule)
 - OR**
 - Renewal Fee made payable to the Town of Paradise (See current Master Fee Schedule)
 - Effective August 17, 2012, all licensees, holding a license issued on or before August 17, 2012, who remitted the requisite fees prior to the passage of Assembly Bill 391, shall within 120 days, pay an additional fee of \$288.00 to the DOJ pursuant to B&P §21642.5.
- Completed Live Scan fingerprint application for Pawnbroker (Initial Only)
- Payment of Live Scan fees (Initial Only)
- Completed Department of Justice Pawnbroker Application with check for \$300.00 made payable to the Department of Justice (Initial and Renewal)
- Surety Bond (Per the DOJ conditions) (Initial and Renewal)
- Copy of State Pawnbrokers License (JUS 126B) (Initial and Renewal)

A Live Scan fingerprint appointment will be made at the time the completed application is submitted. Payment for Live Scan services is payable to the Town of Paradise at the time of the Live Scan appointment. Live Scan fees are non-refundable. Live Scan results are returned directly to the Department of Justice who will, in turn, issue a Certificate of Eligibility directly to the Police Department. Please note: There is no specific time frame in which the Department of Justice is required to return results of fingerprints or Certificates.

No applications will be approved until the Certificate is received by the Police Department

You will be notified when your application has been approved. At that time an appointment will be scheduled to receive your Pawnbroker license.

- Approval by Police Department
and/or
- Approval by Planning Director

Pawnbroker licenses are valid for twenty-four months (24) from the date of issue. To renew, please submit updated applications and follow the process above.

It is the responsibility of the applicant to know and understand the relevant Town municipal code section and any other state or federal codes which may apply. Please see the Department of Justice website and the Secondhand Dealer/Pawnbroker Handbook for further information and reporting requirements.

The Town of Paradise Municipal Codes and current Master Fee Schedule can be found at www.townofparadise.com.

• It is unlawful for any person or entity to violate or fail to comply with the provisions of chapter 5.10 of the Paradise Municipal Code. Such violation shall be punishable as an infraction. • Under Federal and State law, a One Dollar (\$1.00) fee may be collected in addition to any other fees for compliance with disability access laws.

TOWN OF PARADISE

Administrative Services Department, 5555 Skyway, Paradise, CA 95969 -- (530) 872-6291
Paradise Police Department, 5595 Black Olive Dr. Paradise, CA 95969 -- (530) 872-6241 or (530) 872-6161

Town of Paradise License Application

Initial

Renewal

TO BE COMPLETED BY APPLICANT

Applicant Name: _____

Home Address: _____

City: _____ State _____ ZIP: _____

Home Phone: _____

DOB: _____ SSN: _____

CDL: _____ State _____ Expires: _____

Mobile _____ E-Mail _____

Business Name: _____

Business Location: _____

City: _____ State _____ ZIP: _____

Phone: _____

Business Mailing Address: _____

Tax Exempt?

Charitable? Charitable Purpose? _____

List All Residences in the Last Five Years

Address: _____ From _____ To _____

Address: _____ From _____ To _____

Address: _____ From _____ To _____

Have you ever been convicted of a felony, as defined by California law? YES NO

If YES, Date of conviction: _____ Offense _____

Have you ever been required to register with a law enforcement agency pursuant to Section 290 of the Penal Code?

YES NO If YES, Date _____ Law Enforcement Agency _____

It shall be unlawful for any person knowingly to falsify or conceal any fact or make any false or fraudulent statement or misrepresentation in any matter or proceeding within the jurisdiction of any department or agency of the Town (Ordinance 16, Section 15-11).

I declare under the penalty of perjury that the foregoing is true and complete to the best of my knowledge and belief.

Signature: _____ Date _____

TOWN OF PARADISE

Town Hall, 5555 Skyway, Paradise, CA 95969 -- (530) 872-6291
Paradise Police Department, 5595 Black Olive Dr. Paradise, CA 95969 -- (530) 872-6241 or (530) 872-6161

Application Specific Information - Pawnbroker

TOWN OF PARADISE USE ONLY

<input type="checkbox"/> SIGNED TOWN OF PARADISE 5.10 LICENSE APPLICATION	RECEIVED BY: _____	DATE: _____
<input type="checkbox"/> RECEIPT OF INITIAL OR RENEWAL LICENSE FEES PAID	RECEIVED BY: _____	DATE: _____
AMOUNT PAID: _____ RECEIPT # _____		
<input type="checkbox"/> SIGNED DEPARTMENT OF JUSTICE APPLICATION		
<input type="checkbox"/> COPY OF CURRENT STATE PAWNBROKER LICENSE		
<input type="checkbox"/> CHECK TO DOJ \$300.00 AND IF APPLICABLE		
<input type="checkbox"/> CHECK TO DOJ \$288.00		
<input type="checkbox"/> SURETY BOND		
<input type="checkbox"/> LIVE SCAN FINERPRINT COMPLETED/FEES PAID	<input type="checkbox"/> CERTIFICATE FROM DOJ (Notify applicant when received to complete licensing)	
<input type="checkbox"/> COPY OF TOWN OF PARADISE LICENSE SENT TO DOJ	BY: _____	DATE: _____
<input type="checkbox"/> APPROVED By Police Department	<input type="checkbox"/> REJECTED	BY: _____ DATE: _____
<input type="checkbox"/> APPROVED By Planning Director (If new business)	<input type="checkbox"/> REJECTED	BY: _____ DATE: _____
PERMIT LICENSE # _____	EXPIRATION DATE _____	
Copies Routed To: <input type="checkbox"/> Police _____	<input type="checkbox"/> Planning Dir. _____	

COMMENTS REGARDING REJECTION OR OTHER: _____



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.



**REQUEST FOR LIVE SCAN SERVICE
(Secondhand Dealer/Pawnbroker)**

Applicant Submission

CA0349400

ORI (Code assigned by DOJ)

Secondhand Dealer Pawnbroker

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

LICENSE

Authorized Applicant Type

Contributing Agency Information:

DEPARTMENT OF JUSTICE

Agency Authorized to Receive Criminal Record Information

P.O. BOX 903387

Street Address or P.O. Box

SACRAMENTO

City

CA 94203-3870

State ZIP Code

05467

Mail Code (five-digit code assigned by DOJ)

SHDPB UNIT

Contact Name (mandatory for all school submissions)

Contact Telephone Number

Applicant Information:

Last Name

Other Name
(AKA or Alias) Last

Date of Birth

Sex Male Female

Height Weight Eye Color Hair Color

Place of Birth (State or Country) Social Security Number

Home
Address Street Address or P.O. Box

First Name Middle Initial Suffix

First Suffix

Driver's License Number

Billing
Number BIL - Applicant to pay at Site
(Agency Billing Number)

Misc.
Number (Other Identification Number)

City State ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

N/A
Employer Name

N/A
Street Address or P.O. Box

N/A
City State ZIP Code

N/A
Mail Code (five digit code assigned by DOJ)

N/A
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed