



**CITY OF CHANDLER**  
 Tax & License Division  
 (480) 782-2299  
 TDD: (800) 367-8939

**PERMIT APPLICATION Permit # \_\_\_\_\_**  
**Pawnbroker/Secondhand/Antique/Junk Dealer/Auctioneer/**  
**Automated Electronic Device Kiosk**

175 S. Arizona Avenue, Suite A ♦ Mailing Address: Mail Stop 701, PO Box 4008, Chandler AZ 85244-4008

**Nonrefundable Application fee: \$50 \_\_\_\_\_**

Check One:	<b>Pawnbroker</b>	<b>Secondhand/Antique/ Auctioneer</b>	<b>Junk Dealer</b>	<b>Automated Electronic Device Kiosk</b>
_____ Owner or Partner of Business	Initial permit fee:	Initial permit fee:	Initial permit fee:	Initial permit fee:
_____ Limited Partner of Business	Jan. - Dec. \$300 _____	Jan. - Dec. \$100 _____	Jan. - Dec. \$200 _____	Jan. - Dec. \$500 _____
_____ Store Manager	Apr. - Dec. \$225 _____	Apr. - Dec. \$75 _____	Apr. - Dec. \$150 _____	Apr. - Dec. \$375 _____
_____ Assistant Store Manager	July - Dec. \$150 _____	July - Dec. \$50 _____	July - Dec. \$100 _____	July - Dec. \$250 _____
	Oct. - Dec. \$75 _____	Oct. - Dec. \$25 _____	Oct. - Dec. \$50 _____	Oct. - Dec. \$125 _____

**Fingerprinting Fee: \$22.00 \_\_\_\_\_ Money Order Only** – Made Payable to “DPS” (Pawn, Secondhand and Junk)

**Business Name** \_\_\_\_\_

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

**Business Address** \_\_\_\_\_

Street, Apt # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Store Management** \_\_\_\_\_

Store Manager \_\_\_\_\_

Assistant Manager \_\_\_\_\_

Assistant Manager \_\_\_\_\_

**Name of Applicant** \_\_\_\_\_

Last Name, First, Middle \_\_\_\_\_

Phone \_\_\_\_\_

**Other Names Used** \_\_\_\_\_

Maiden, etc. \_\_\_\_\_

**Home Address** \_\_\_\_\_

Street, Apt # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

SSN \_\_\_\_\_

Drivers License # \_\_\_\_\_

State \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Hair \_\_\_\_\_

Eyes \_\_\_\_\_

Birthdate \_\_\_\_\_

Birthplace \_\_\_\_\_

Have you been convicted of any felony or a misdemeanor involving fraud, theft, dishonesty, deceit or moral turpitude in the last five (5) years?  Yes  No

Explain: \_\_\_\_\_  
 \_\_\_\_\_

Have you been convicted two (2) or more times in the preceding three (3) years of any violations of the provisions of this Chapter or other provisions of State Statutes relating to the manner in which the business is to be operated?  Yes  No

Explain: \_\_\_\_\_

Have you ever had any business license denied, revoked, suspended, or fined in this or any other state?  Yes  No

Explain: \_\_\_\_\_

.....  
 I understand that a full criminal justice background check will be conducted by the Chandler Police Department in association with this application. I certify that the statements made in this application are true and complete to the best of my knowledge. Intentional omission or falsification of information is sufficient ground for denial of the application or later revocation and subject to penalty by law.

Signature of Applicant/Agent \_\_\_\_\_ Date \_\_\_\_\_

Incomplete applications cannot be processed

**Police Dept.:** Approved \_\_\_\_\_ Denied \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_