



**CITY OF MESQUITE
BUSINESS LICENSE DIVISION**

**APPLICATION CHECKLIST FOR
PAWNBROKER / SECOND HAND DEALER LICENSES**

- _____ **Personal History****
- _____ **Personal Financial History****
- _____ **Applicant's Request to Release Information**
- _____ **Standard Bank Confirmation Form**
- _____ **City of Mesquite Business License Application**
- _____ **Fingerprint Affidavit**
- _____ **Fingerprint Cards – 2 for each applicant**

Paperwork must be submitted to the Mesquite City Business License Department at Mesquite City Hall, 10 E. Mesquite Blvd., Mesquite, NV 89027.

Investigation fee of \$145.00 must be paid at the time of filing.

At least one half year's charge for the license applied for must also be submitted at this time. This sum of money shall be refunded to the applicant upon demand in the event the license petitioned for is not granted.

Application accepted by: _____

Fees Paid: _____



NOTICE TO APPLICANTS FOR A PRIVILEGED LICENSE

Mesquite Municipal Code requires that each applicant for a privileged license shall pay the entire cost incurred by the Department of Business Activity or the Mesquite Police Department to complete an investigation.

At the time of filing, a new applicant will be required to submit a non-refundable investigation fee as follows:

Pawnbroker \$145.00

Second Hand Dealer \$145.00

An applicant previously investigated and presently licensed may not be required to submit a deposit fee, but will be required to pay the actual cost incurred in connection with the investigation conducted.

I understand that any deposit submitted as required is nonrefundable. I hereby agree to pay the entire cost of the investigation, whether the application is approved or denied. I understand that such costs are a collectable debt due to the City of Mesquite, and must be paid in full **before** licensing.

Signature of Applicant _____ Date _____

Business Name/Address _____



AFFIDAVIT OF FULL DISCLOSURE

STATE OF NEVADA

ss.

COUNTY OF CLARK

I, _____, do hereby swear, as required by law, that the application submitted herewith and any additional information submitted in support of this application contains a full and true account of the information requested; and that I executed the same freely and voluntarily and for the uses and purposes therein mentioned, and with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient evidence for prosecution for perjury under NRS 199.170, refusal to issue or revocation of the license applied for.

Signature of Applicant

Subscribed and Sworn to before me this ____ day of _____, 20____.

Notary Public in and for Said County & State



APPLICANT'S REQUEST TO RELEASE INFORMATION

To: City of Mesquite

From: _____

1. I understand that I am applying for a privileged license, permit, or work card from the City of Mesquite, Nevada and acknowledge that the burden of proving my qualifications for such a privilege is at all times upon me. I further understand that a full investigation will be made of my background, character, and financial responsibility by the Mesquite Police Department as agent of and for use by the City of Mesquite and I accept any risk of adverse public notice, embarrassment, criticism or financial loss which may result from action with respect to my application. This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and other similar legal provisions.
2. I hereby authorize and request all persons to whom this request is presented, having information relating to or concerning me, to furnish such information to a duly appointed officer of the Mesquite Police Department, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
3. I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit a duly appointed officer of the Mesquite Police Department to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
4. If the person to whom this request is presented is a brokerage firm, bank, savings and loan or other financial institution, or an officer of the same, I hereby authorize and request that a duly appointed officer of the Mesquite Police Department be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to, past loan information, notes cosigned by me, checking account records, savings deposit records, safe deposit records, and general ledge folio sheets.
5. If the person to whom this request is presented is a criminal justice agency or a repository of records of criminal history whether within or without the State of Nevada, I hereby authorize and request that a duly appointed officer of the Mesquite Police Department be permitted to review and obtain copies of any and all documents, records, investigations, photographs or other information pertaining to me, including but not limited to arrests, charges, convictions, dispositions, investigative and intelligence information, records of licensing and work permit agencies, including the Gaming control Board of the State of Nevada and records of parole and pardon agencies.
6. I do hereby make, constitute and appoint any duly appointed officer of the Mesquite Police Department my true and lawful attorney in fact for me in my name, place and stead, and on my behalf and for use and benefit:
 - (a) to request, review, copy, sign for and otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might or could do if personally present;
 - (b) to name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request; and
 - (c) to place the name of the Mesquite Police Department officer presenting this request in the appropriate location on this request.



7. I grant to said attorney in fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper or necessary to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
8. This power of attorney ends eighteen months from the date of execution.
9. I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise and forever discharge the person to whom this request is presented, and his agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have or claim to have against the person to whom this request is presented, or his agents or employees, arising out of or by reason of complying with this request.
10. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.
11. A reproduction of this request shall be, for all intents and purposes, as valid as the original.

In witness whereof, I have executed this request at _____
(City) (State)

on the ____ day of _____, 20____.

Signature of Applicant

Subscribed and sworn to before me on this ____ day of _____, 20____.

Notary Public in and for said County & State

Name of the Mesquite Police Department officer presenting this request:

Signature of the Mesquite Police Department officer presenting this request:

Date _____



CITY OF MESQUITE
MESQUITE POLICE DEPARTMENT
PERSONAL FINANCIAL QUESTIONNAIRE

Date _____

Name _____
Last First Middle

Address _____
Street or P.O. # City State Zip

Telephone # _____ Cell Phone # _____

Submitted in connection with application for _____
Type of License (Pawnbroker or Second Hand Dealer)

Trade Name and Address of Business

- 1. Amount you will invest in business: \$ _____
2. Percentage of ownership the above will represent: _____
3. Have you ever filed bankruptcy: Yes [] No []. If Yes, furnish particulars on a separate sheet.
4. Last Federal Income Tax Return was filed _____, 20____. For the year _____ at
City State
5. If requested to produce your Federal Income Tax Returns, will you do so? Yes [] No []
6. Has the Internal Revenue Service ever entered a lien against you? Yes [] No []
If Yes, Where? _____ When? _____ Amount? _____

Disposition _____
Explain briefly: _____

Application Received by: _____
Date _____

Applicant's Initials _____



STATEMENT OF ASSETS: AS OF _____ 20__

Describe fully, indicate assets pledged. (If additional space is required, attach supporting schedules.)

Current Assets:

Cash on Hand \$ _____
Cash in Safe Deposit Box: \$ _____
Location of Box _____

List name of bank and branch used, account number(s) and amounts in each bank:

\$ _____

\$ _____

\$ _____

Accounts Receivable - (Describe nature of receivable, when due, and include names & address of debtors)

\$ _____

\$ _____

\$ _____

Other Current Assets _____ \$ _____
_____ \$ _____

Investments - Stocks, Bonds, Etc. (Market Value) - (If Close-held Corporation, Furnish current Balance Sheet)
_____ \$ _____
_____ \$ _____
_____ \$ _____

Investments - Other Than Stocks & Bonds - Identify Type:
_____ \$ _____
_____ \$ _____

Fixed Assets - Real Estate (Give Location, Description, and Fair Value of Each Parcel):
_____ \$ _____
_____ \$ _____
_____ \$ _____

Other Assets - Automobiles and Other Personal Property:
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL ASSETS \$ _____

Applicant's Initials _____



STATEMENT OF LIABILITIES

Describe fully, indicate secured liabilities. (If additional space is required, attach supporting schedule.)

Current Liabilities:

Notes Payable:

	\$	
Name Bank and Branch		Amount
Mailing Address		Account Number(s)
Due: _____		How Secured: _____

Notes Payable:

	\$	
Name Bank and Branch		Amount
Mailing Address		Account Number(s)
Due: _____		How Secured: _____

Notes Payable:

	\$	
Name Bank and Branch		Amount
Mailing Address		Account Number(s)
Due: _____		How Secured: _____

Other Notes Payable - Indicate name, address, account number and how secured.

	\$	
	\$	
	\$	

Accounts Payable	\$	
Provisions for Current Year's Federal Income Tax	\$	
Liability for Federal Income Tax (Delinquent)	\$	
Provisions for Other Current Taxes.	\$	
Liability for Other Delinquent Taxes	\$	

Mortgages Payable - List Each Mortgage Separately, Mailing Address and Name of Creditor

	\$	
	\$	
	\$	

OTHER LIABILITIES – Identify:

	\$	
	\$	

TOTAL ALL LIABILITIES \$ _____

Applicant's Initials _____



CITY OF MESQUITE
POLICE DEPARTMENT

PERSONAL HISTORY QUESTIONNAIRE

Date: _____ Investigating Officer: _____

General Instructions:

Handprint or type an answer to every question. If a question does not apply to you, so state N/A. If space available is not sufficient, use a separate sheet and precede each answer with the number of the referred block. Do not misstate or omit any material fact(s), since the statements made herein are subject to verification. Applicant must initial each page as provided, in lower left corner.

All applicants are advised that this application is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for refusal or revocation of a license.

Application For: _____
Type of license desired and physical location

Name & address of establishment for which license is requested (If existing)

Name under which it is now operated, and present owner name (If existing)

Last Name First Name Middle Name

1. _____
List Any Name Changes, Maiden Name, Aliases, Nickname, Legal or Otherwise

Present Residence Address Mail Address City State & Zip

2. _____
Present Business Address Mail Address City State & Zip

Type of Work Work Telephone Residence Telephone

Date of Birth Place of Birth (City, County, State)

Social Security Number NOTE: Attach copy of Birth Certificate to Application

Applicant's Initials _____



Age_____

Height_____

Weight_____

Eye Color_____

Hair_____

Complexion_____

Sex_____

Build_____

Scars, tattoos, or distinguishing marks and/or characteristics:

Do you wear corrective lenses? Yes___ No___

Are you a citizen of the United States? Yes___ No___

If naturalized, certificate number_____ Date:_____

Place_____
(If naturalized, document must be verified)

Arrest, Detention, and Litigation:

Have you ever been arrested for any reason whatsoever? Yes___ No___

If so, give details in space provided below. List all cases without exception. Add another sheet if necessary.

<u>Date of Arrest</u>	<u>Age</u>	<u>Charge</u>	<u>City & State</u>	<u>Disposition</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you or your spouse been involved in any court action, civil or criminal? Yes___ No___

If so, explain in detail below:

Have you ever had your record, civil or criminal, sealed by a court order? Yes___ No___

If so, when?_____ Where?_____

Have you ever been questioned by a City, State, or Federal Crime Commission? Yes_____ No_____

A Grand Jury? Yes___ No___

If answer is "Yes", Type of Inquiry:_____

Date:_____ Location:_____

Has any member of your family, or Spouse's family or relatives, ever been convicted of a felony?

Yes___ No___

If Yes, Where?_____ Charge?_____

Disposition:_____ Date:_____

Name and Relationship:_____

Applicant's Initial_____



Character References:

List five character references. Do not include relatives or present employer.

Name	Mailing Address, City & State	Years Known

Include a contact telephone number for references, either residence or work: _____

Are you a registered voter in the State of Nevada? Yes___ No___
If so, which County?_____ Precinct Number:_____

Credit References:

Give names and addresses of the individuals, companies, banks, mortgage holders, finance companies, or others to whom you are indebted, or have been indebted, and extent of your debt. Include any loans on which you are co-maker.

Name & Mailing Address of Creditor	Type of Debt & Account Number	Amount

Business Information

**** Special Notice to All Applicants**

It is the responsibility of each applicant for a license to thoroughly familiarize himself or herself with all applicable Ordinances, Rules, and Regulations pertaining to the particular license applied for.

Indicate Type of Ownership:

Sole Owner___ Partnership___ Co-Owner___ Corporation___ Other_____
If Corporation, list percentage of total stock to be owned or controlled by applicant_____%

If a corporation, organized under laws of what state?_____
When?_____ CorporateName_____
Have Articles of Incorporation been filed in the State of Nevada? Yes___ No___
If yes, When?_____
Has Certificate of Fictitious Name been filed with the Clark County Clerk? Yes___ No___
When?_____ What Name?_____ - Attach Copy

List below all members of the Corporation or Partnership, together with the percentage owned by each and the amount invested by each.

Name	Number of Shares	% of Ownership	Amount Invested

Applicant's Initial_____

