

2026 PAWNBROKER LICENSE APPLICATION

City of Vancouver, Business Licensing PO Box 8995 Vancouver WA 98668-8995

EMAIL: <u>business.licenses@cityofvancouver.us</u>

Vancouver City Hall 415 W 6th St Vancouver WA 98660

PHONE: 360-487-8410 option 3

Fee: \$822.40/2 years				
License valid:				
Jan 01				
to				
Dec 21				

THIS LICENSE IS REQUIRED UNDER VANCOUVER MUNICIPAL CODE 5.48

<u>INSTRUCTIONS</u> ➤ Type or print neatly and complete each applicable field; add pages, as needed. Unreadable or incomplete applications will not be accepted						
BUSINESS NAME:		WA UBI NO:				
_						
STREET ADDRESS: _	STREET		CITY	STATE	ZIP	
MAILING ADDRESS:			CITT	SIAIE	ZIP	
	STREET or PO BOX		CITY	STATE	ZIP	
PHONE:		EMAIL:				
INFORMATION RE: PR	IMARY BUSINESS OV	<u>VNER</u>				
Full Name:						
	LAST	FIRST	Г		MIDDLE	
Current Residence	Street Address:					
Residence History	, Past 10 Years list	all cities/states				
		an citics, states.				
	•	un dities, states.				
		Personal Email Address*:				
Date of Birth:		Personal Email Address*:				
Date of Birth: * Required to comp	lete background check	Personal Email Address*: _ process.				
Date of Birth: * Required to comp OTHER OWNER(S) – co	olete background check	Personal Email Address*: _ process. on page 2 for each other ow				
Date of Birth: * Required to comp OTHER OWNER(S) – co	lete background check	Personal Email Address*: _ process. on page 2 for each other ow	ner listed.		MIDDLE	
Date of Birth: * Required to comp OTHER OWNER(S) – co Full Name:	olete background check complete information LAST	Personal Email Address*: _ process. on page 2 for each other ow /	vner listed.	/		
Date of Birth: * Required to comp OTHER OWNER(S) – co Full Name:	olete background check complete information LAST	Personal Email Address*: _ process. on page 2 for each other ow /	ner listed.	/		
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Date of Birth: * Required to comp OTHER OWNER(S) – co Full Name: Full Name: DISCLOSURES ALL OW Have any of the lis	Dilete background check Dimplete information LAST LAST LAST NER(S) Sted owners had a page	Personal Email Address*: _ process. on page 2 for each other ow / FIRST	vner listed.	/	MIDDLE	
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* Required to comp OTHER OWNER(S) — co Full Name: Full Name: DISCLOSURES ALL OW Have any of the lis If yes, please I	LAST LAST LAST Sted owners had a paint owner name, juristed owners ever bed	Personal Email Address*:	ner listed.	/ / t ten years?	MIDDLE	



PAWNBROKER LICENSE APPLICATION, continued

INFORMATION RE: OTHER OWNER(S)	– Attach additional pages, as needed.	
Full Name:		
LAST	FIRST	MIDDLE
Current Residence Street Address	s:	
Residence History, Past 10 Years	list all cities/states:	
Date of Birth:	Personal Email Address*:	
* Required to complete background	check process.	
Full Name:	FIRST	MIDDLE
	s:	
	list all cities/states:	
Residence history, rast to reals	list all titles/states.	
Potent Plate	David Fire II Adding *	
Date of Birth:	Personal Email Address*:	
* Required to complete background	check process.	
information in this application. I hereby certify under penalty of per	uver to obtain background and criminal history inf jury that the information provided for this applica urate information on this application may result in	tion is true and correct, and that
PRIMARY OWNER SIGNATURE		DATE
DENIED:	FOR OFFICIAL USE ONLY DATE:	
	DAIL.	
COMMENTS:		
APPROVED:	DATE:	
SPECIAL LICENSE NO.	DATE ISSUED:	
APPROVED OR DENIED BY (Chief of Po	olice or Designate):	
SIGNATURE (Chief of Police or Design	ate):	
ordinary (dimension and dispersion)	4.57.	