



Business License Application - Secondhand Pawn License

265 Strand Street, St. Helens, OR 97051 | 503-397-6272 office | www.sthelensoregon.gov

Name of Business: _____

Business Address: _____

Business Phone: _____

Type of Business: Pawnbroker Secondhand Dealer

APPLICANT INFORMATION:

Name: _____

Phone: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

Driver's License State & Number: _____ Principal Occupation: _____

BUSINESS INFORMATION:

If you are a pawnbroker,

State License No. _____

If your business is anything but a Sole Proprietorship, list the following information for ALL partners. Attach an additional page if necessary...

Is your business: Sole Proprietorship

Partnership

Corporation

Association

Other: _____

Name: _____ Title: _____

Address: _____

DOB: _____ Driver's License State/No: _____

Name: _____ Title: _____

Address: _____

DOB: _____ Driver's License State/No: _____

Name: _____ Title: _____

Address: _____

DOB: _____ Driver's License State/No: _____

City Business License No. _____

PLEASE INCLUDE A COPY OF YOUR BUSINESS LIABILITY INSURANCE WITH YOUR APPLICATION FOR REVIEW.

I hereby certify under penalty of perjury and false swearing that the information I have provided is true and correct.

Applicant Signature

Date of Signature

FOR OFFICE USE ONLY

Received By: _____

Date: _____

Police Department Approval: _____

Date: _____

City Administrator Approval: _____

Date: _____

Amount Paid: _____

Receipt Number: _____

Date: _____