

### **Pawnbroker**

### Section 103.306

#### STEPS FOR OBTAINING A PERMIT

- **1. Submission:** Applications will not be accepted by mail. Please send your completed application documents by email to peremitapplications@lapd.online
- **2. Review:** Once received, an Investigator will review your application for completeness and reach out to schedule your in-person appointment.
- **3. Appointment:** During the appointment you will turn in the original application documents and complete the payment required for processing the permit with the Office of Finance.
- **4. Investigation:** The Investigator assigned to your case will complete the investigation and reach out to schedule your inspection.

#### PLEASE NOTE

- O A California state license is required if you are selling tangible items defined as "personal property that bears a serial number or personalized initials or inscription or which at the time it is acquired by the secondhand dealer, bears evidence of having had a serial number or personalized initials or inscription". The cost of this license is \$300.00. If you acquire the state license, you will be registered with CAPS.
- Other police permits may apply to your business as determined by your investigator. The cost of processing applications for this permit is \$834.00, subject to change.
- o CID does not have a designated area for visitors. If you plan to park on the street, metered parking is limited to 1 hour. Plan ahead, and allow extra time to find a parking garage. Please be prepared for any unexpected delays or parking issues.
- o Permits are **not transferable**. If you are moving locations or there is a change in ownership, you are required to re-apply.

If your application remains incomplete 30 days after submission, your case will be filed without further action, and you will <u>NOT</u> be allowed to continue with the process. You may resubmit at any point after you have made the necessary changes to your application.

You can find more information pertaining to this permit at: https://codelibrary.amlegal.com/codes/los\_angeles/latest/lamc/0-0-0-193401



# **Pawnbroker**

Section 103.306

| Business Name:    |  |  |
|-------------------|--|--|
|                   |  |  |
| Business Address: |  |  |

| 3 4 | Forms & Documents Needed To Complete Application  Business Information - Face Sheet Form  Owners & Applicants Form (Ownership should equal 100%. If not, explain in the space provided)  Personal Application Form (Each owner must complete this form) - DO NOT SIGN UNTIL INSTRUCTED BY INVESTIGATOR OR NOTARIZED  Copy of the applicant's valid state Driver's License or state identification - The address must match the applicant's information on the Personal Application - Shall not be expired  Completed Live Scan Form |  |   |
|-----|---|--|---|
| 3 4 | Personal Application Form (Each owner must complete this form) - DO NOT SIGN UNTIL INSTRUCTED BY INVESTIGATOR OR NOTARIZED  Copy of the applicant's valid state Driver's License or state identification - The address must match the applicant's information on the Personal Application - Shall not be expired  |  |   |
| 4   | - DO NOT SIGN UNTIL INSTRUCTED BY INVESTIGATOR OR NOTARIZED  Copy of the applicant's valid state Driver's License or state identification  - The address must match the applicant's information on the Personal Application  - Shall not be expired   |  |   |
| 4   | <ul><li>The address must match the applicant's information on the Personal Application</li><li>Shall not be expired</li></ul>   |  |   |
|     | Completed Live Scan Form  |  | 1 |
| _   | <ul> <li>Only valid for 30 days from date on the live scan form, do not complete until instructed to do so by investigator</li> <li>If residing in California, go to any Live Scan location: https://oag.ca.gov/fingerprints/locations? county=Los%20Angeles</li> <li>If out-of-state, fingerprint cards are available. These require: 1. Check payable to California</li> </ul>  |  |   |
|     | Department of Justice for \$32 per card and 2. Request for Exemption form per applicant card  |  |   |
| 6   | Original Zoning & Clearance From - Bring the form provided (page 9) to the Department of Building and Safety, Zoning Administration - Must submit original form (Signature, date, contact number, & stamp needed or will not be accepted) - Follow the instructions on the procedure form (page 10) to schedule your appointment  |  |   |
| 7   | Statement on Types of Goods Sold and Purchased  |  |   |
| 8   | Surety Bond for \$20,000.00 per location or \$100,000.00 in liquid assets   |  |   |
| 9   | State Live Scan (only required if also applying for state license)  |  |   |
| 10  | Copy of Complete Lease Agreement and/or Finalized Purchase Documents  - Must indicate legal/applicant's name(s), business address, current lease dates and usage  - Include supplemental documents, amendments, & assignments. Provide a lease history chart if needed. Anyone listed as a lessee must submit a personal application  |  |   |
|     | Affidavit of Property Owner - Consent to Operate (Only if needed)  - Needed only if the lease does not state the type of usage in the lease  - Must be filled out and signed by the property owner or a property agent  - If the owner is unable to be present to sign at the appointment, the form must be notarized   |  |   |
|     | Requirements for Applicants Applying Through an Aide -Consultant teams will need a letter of authorization from the applicant to submit -If an employee of the applicant is submitting, use a Designation of Qualified Manager form (page 13)   |  |   |
| 13  | Copy of Fictitious Name Statement (not required if the legal name and the DBA are the same) -Required for all applicants (whether sole proprietorship, partnership, LLC, corporation, etc.). Your business's DBA must be registered with the County of Los Angeles:https://www.lavote.gov/home/county-clerk   |  |   |
| 14  | Entity Checklist  -Refer to page 3 to review which documents are applicable to your application  Copy of Municipal Code pertaining to Pawnbroker Police Permits (For informational purposes only)   |  |   |



# **Pawnbroker** *Section 103.306*

| Business Name:    |  |  |
|-------------------|--|--|
| Business Address: |  |  |

\*Your business must be registered in California to do business in this state.

| Additional Forms Needed To Complete Application Per Business Entity Type  | <b>Select Applicable</b> |
|---|--------------------------|
| Sole Proprietorship - Fictitious Name Statement   |                          |
| Partnership  - A Partnership agreement naming all partners; or  - Certificate of Limited Partnership for limited partners certified by the Secretary of State  - Fictitious Name Statement  |                          |
| Limited Liability Companies (LLC)  - Articles of Organization  - Operating Agreement (Identifying all members)  - Fictitious Name Statement  - All members must apply   |                          |
| Corporation (C-Corp, S-Corp and Professional Corp)  - Corporate Resolution or Meeting Minutes (Identifying officers & signed by Corporate Secretary)  - Articles of Incorporation (Certified by the State of CA); if out of State, submit equivalent  - Copy of Stock Certificates  - Fictitious Name Statement  - All officers and all persons owning a controlling interest in a non publicly traded corporation must apply |                          |

<sup>\*</sup>All forms detailed above must be submitted according to the business entity the applicant(s) is filing as. Any form or document not completed or provided at the time of submission will result in an incomplete application. Only complete applications will be accepted for processing by permit staff.



### **Business Information - Face Sheet**

A Face Sheet must be completed for each permit type for each location. For example, if a business needs a Dance Hall Permit and a Pool permit, two Face Sheets must be completed.

# For Police Commission Use Only - Do Not Write In This Section Type of Permit: PAWNBROKER PC Account No: Grant Date: \_\_\_\_\_ CID Staff Stamp Here LAPD Area: RD No: \_\_\_\_\_ Council District No: \_\_\_\_\_ Complete All Fields - Do Not Leave Anything Blank Type of Business Entity: (Please check one) Sole Proprietorship \_ Partnership \_\_\_\_\_ Limited Liability Company (LLC): \_\_\_\_\_ Corporation Non-Profit Other: \_\_\_\_\_ Doing Business as (DBA): Business Address: (Must include: Apartment, Suite, Space, Unit numbers, etc.) City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ (If address is same as above, write "same") State: Zip Code: Contact Phone No: Business Phone No: Email of Business:

### 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 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.

DATE



SIGNATURE

### APPLICATION FOR SECONDHAND DEALER OR PAWNBROKER LICENSE

| A. Type of Application (Check the appropriate   | e box):   |  |                 |   |
|---|---|--|-----------------|---|
| Application for Secondhand Dealer License (   | -   |  |                 | DOJ USE ONLY  |
| Application for Pawnbroker License (21300 F   | •   |  | Rec             | eived:  |
| Application for Renewal:  |   |  |                 |   |
| Secondhand Dealer License (21642 B&F  | ) State License No.: _                              |  |                 | ck #  |
| Pawnbroker License (21301 FC) State L   | icense No.:   |  | Che             | ck Amt:   |
| ☐ Modifications (change of business, name, ad   | dress, etc.)  |  |                 |   |
| B. Licensing Agency Information: (Completed   | by licensing agency on                              | ly.)   |                 |   |
|   |   |  |                 |   |
| Licensing Agency (Substation if applicable)   |   |  |                 | Date  |
| Mailing Address   |   |  |                 |   |
| Licensing Official (Name, Title)  |   |  |                 | Phone   |
| THE FOLLOWING SE  | CTIONS ARE TO BE                                    | COMPLETED BY THE   | APPLICAN1       |   |
| C. Business Owner(s): (Name of individual, p  |   |  |                 |   |
| Name  | Date of Birth                                       | Title  |                 | Phone   |
| Name  | Date of Birth                                       | Title  |                 | Phone   |
| Name ATTACH ADDITIONAL SHE  | Date of Birth                                       | Title  |                 | Phone   |
| D. Business Information   | LITI NECESSART. OF                                  | ILON OINCLE II ADDITIO                                   | VAL OFFICE I    | J GOLD (  |
| D. Dusiness information   |   |  |                 |   |
| Business Name   |   |  |                 | Phone   |
| Street Address  |   | City   |                 | Zip Code  |
| Business Ownership:  Individual P   |   | poration<br>orporate name differs from bu                | siness name, o  | complete the following):                                  |
| Corporation Name  |   |  |                 | Phone   |
| Street Address  |   | City   |                 | Zip Code  |
| E. Off-Site Storage Location: Will property belonging to the business be sto  | red off the business                                | premises?  | ☐ No            | *If " <b>yes</b> ," please provide the information below: |
| Off-Site Storage Street Address   |   | City   |                 | Zip Code  |
| F. Multiple Secondhand Dealer or Pawnbroke Do any parties to this application have a financi                              |   | er Secondhand Dealer o                                   | r Pawnbroke     | er Business in California?                                |
|   |   | , Address, City, and State<br>al sheet of paper, and che |                 |   |
| G. Additional Information:  |   |  |                 |   |
| Have any parties to this application ever been of   | convicted of an attem                               | pt to receive stolen prop                                | erty or any o   | other property-related crime?                             |
|   | de the applicant's nam<br>heck circle if additional | e, date, and details on the sheet is used                | arrest or con   | viction on an additional                                  |
| H. Certification: "As the person responsible for completing the appliapplication is true and complete to the best of my k |   | , I certify under penalty of                             | perjury that ti | he information on this                                    |

TITLE



### **Owners and Applicants Form**

This form must be completed for each owner or person(s) required to apply for the PC Permit, indicating the percentage of ownership for each applicant. The percentage of ownership should add up to 100%; if not, please explain in the space provided. Doing Business as (DBA): Percent of Name Title (All Required Applicants) (President, CEO, CFO, Secretary, etc.) Ownership Total Percentage of Ownership If the percentage of ownership does not add up to 100%, explain below:



# **Personal Application**

Per LAMC Chapter X, all owners and partners must complete the required forms. Providing incomplete or inaccurate information may delay or impede the processing of your application. False or misleading information on these forms may result in legal consequences.

| Applicant Personal Information -            | Do Not Leave Anything Blank  |   |
|---|--|---|
| Name of Applicant:                          |  |   |
|   | (Must include: Apartment, Suite, Space, Unit numbers, etc.)  |   |
| City:                                       | (Must include: Apartment, Suite, Space, Unit numbers, etc.)  | Zip Code:                                 |
|   | Business Phone No:   |   |
| Email Address:                              |  |   |
| DOB:  | Driver's License/ID:   | State:                                    |
| Gender: Height:                             | Weight: Hair Color:  | Eye Color:                                |
| Applicant History - Do Not Leave            | Anything Blank   |   |
| If married, will your spouse be invo        | lved with the business?  | Yes No                                    |
|   | a sole proprietor or partnership, your spouse must apply.)   | V N                                       |
| Have you ever used any other name           | •  | Yes No                                    |
|   |  |   |
| List previous permits held:                 |  | ·   |
| Have you ever been denied, suspend          | ded or revoked a Police Commission Permit?   | Yes No                                    |
| Have you ever been arrested for a cr        | rime resulting in a conviction?  | Yes No                                    |
| If you answered "YES," please prov          | ride details:  |   |
| Date:                                       | City:  |   |
| Charge:                                     | Disposition:   |   |
| Details:                                    |  |   |
| *Use additional pages if needed.            |  |   |
| EAD CAREFULLY BEFORE SIGNIN                 | VG   |   |
| oplemental documents is true and correct. I | er the law of the State of California, all information contain<br>understand that all information provided and statements m<br>revocation of permits issued by the Los Angeles Police Co | ade are subject to investigations and any |
|   | ave this application form NOTARIZED. The notary rat. The document must be titled "Application for H  |   |
| DO NOT SIGN UNTIL INSTRUCTE                 | D TO DO SO - Must be witnessed by a Deputy City  | Clerk or prepared by a Notary Public      |
| oplicant's Signature:                       |  | Date:                                     |
|   |  |   |
| itness Signature:                           | Print Name:  | Date:                                     |

### REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

| ORI: <b>CA01942</b>      | 200                                     | Type of Application:        | LICENSE (      | CERT OR PERMIT                                |
|--------------------------|---|-----------------------------|----------------|---|
| bb Title or Type of Lice | ense, Certification of                  | or Permit: *******          | ******         | POLICE COMMISSION PERMIT                      |
| gency Address Set (      | Contributing Age                        | ıcy:                        |                |   |
| LAPD (CAPD               | LOS ANGEL                               | ES)                         | 14923          | LAPD has many codes. Use this.                |
| Agency authorized        | l to receive crimi                      | nal history information     | Mail C         | ode (five digit code assigned by DOJ)         |
| <b>700 E. TEMPI</b>      |   | 322                         |                |   |
|                          | eet or P.O. Box                         | a=1                         |                | t Name (Mandatory for all school submissions) |
| LOS ANGELI               | State 91                                | 351<br>7in Code             |                | <b>996-1210</b> t Telephone No.               |
| City ***FNTFR T          |   | Zip Code ON FOR 1 — 11b***  |                | erator: Be sure to enter all items.           |
|                          | _                                       | JN FOR I – III              | Live Scali Ope | trator. De sure to enter an items.            |
| Jame of Applicant:       | 1                                       | First                       |                | MI  |
| please print)            | Last                                    | FIISt                       |                | IVII  |
| dias: 2                  |   |                             | Driver'        | 's License No. 3                              |
| Last                     | Firs                                    | t 5                         |                |   |
| Date of Birth: 4         |   | Sex: Male Fe                | male Misc. N   | No. BIL- <b>N/A</b>                           |
|                          | _                                       | _                           |                | Agency Billing Number                         |
| leight: 6                | Wei                                     | ght: <b>7</b>               | Misc N         |   |
| ye Color:                | Hair                                    | Color: 9                    | Home A         | Address: 11a                                  |
|                          |   |                             |                | Street or P.O. Box                            |
| Place of Birth: 10       |   |                             |                | City State and Zin Code                       |
| OC: ***DO NO             | TENTER SOCI                             | AL SECURITY***              |                | City, State and Zip Code                      |
| ***MAKE T                | WO COPIES.                              | GO TO LIVE SCA              | N CENTER.**    | *   |
| Your Number: TR          | C#                                      |                             | Level of S     | Service X DOJ FBI                             |
|                          | A No. (Agency Id                        | lentifying No.)             |                | A Dos   |
|                          | ` |                             |                |   |
| f resubmission, list C   | riginal ATI No.                         |                             |                |   |
|                          | 1 f f                                   | encies specified by statute | `              |   |
| imployer: (Additiona     | response for age                        | encies specified by statute |                | *DO NOT USE THIS SECTION***                   |
| Employer Name            |   |                             |                |   |
|                          |   |                             |                |   |
| Street No.               | Street o                                | or P.O. Box                 | Mai            | il Code (five digit code assigned by DOJ)     |
|                          |   |                             | (              | )   |
| City                     | State                                   | Zip Code                    |                | Agency Telephone No. (optional)               |
|                          | G 1.15                                  |                             |                | D .   |
| ive Scan Transaction     | n Completed By:                         | Name of Operator            |                | Date:   |
|                          |   | rvame of Operator           |                |   |
| Transmitting Age         | ncy                                     | ATI N                       | lo.            | Amount Collected/Billed                       |
| APD 02/2016              |   |                             |                |   |

ORIGINAL-Live Scan Operator; BCII 8016 (Rev 04/01)

SECOND COPY-SEND TO LAPD;

THIRD COPY-Keep



Wednesday: 9:00 a.m. to 4:00 p.m.

100 West 1st Street, Los Angeles, CA 90012 · (213) 996-1210 · Fax (213) 996-1239

# **Zoning and Use Clearance Form**

| PC Permit Type (Limit 1 per form): PAWN  | BROKER P  | -462       |
|--|---|------------|
| Address of Business:   |   |            |
| City:  |   |            |
| Located between streets:   |   |            |
| LADBS USE ONLY INSPECTOR TO  | O ANSWER ALL ENTRIES BELOW                                |            |
| Zone:  |   |            |
| LADBS Permit Type:   |   |            |
| LADBS Permit No. :   |   |            |
| Business shown is is not A PERMITTED U   | USE   |            |
| Business shown is is not <b>A PERMITTED</b> U  | USE BY THE OCCUPANCY RECOR                                | D          |
| *Applicant Note – Additional Building and Safety and/or Z  | Joning requirements may be applicable and                 | imnosed    |
| Is a Conditional Use Permit Required?  | · · · · · · · · · · · · · · · · · · ·                     | No         |
| _  |   | 110        |
| CUP ZA No.   | (Please provide copy)                                     |            |
|  | ₹7  | <b>№</b> T |
| Has the USE been vacated for greater than one year?  | Yes _   | No         |
| Has the USE been vacated for greater than one year?  Remarks:  | Yes _   | No         |
|  |   |            |
| Remarks:  LADBS Signature:   | Place Stamp He  |            |
| Remarks:   | Place Stamp He  |            |
| Remarks:  LADBS Signature:  LADBS Printed Name:  | Place Stamp He  |            |
| Remarks:  LADBS Signature:  LADBS Printed Name:  Date:   | Place Stamp He  |            |
| Remarks:  LADBS Signature:  LADBS Printed Name:  Date:  Contact No:  Building and Safety Locations: Open to the  Downtown Los Angeles: 201 N. Figueroa Street, First Floor, Los Angeles, | Place Stamp He  |            |
| Remarks:  LADBS Signature:  LADBS Printed Name:  Date:  Contact No:  Building and Safety Locations: Open to the  | Place Stamp He Public - Appointment only (www. ladbs.org) |            |

The Los Angeles Police Commission will not issue a permit for any business activity which is not allowed at a location by the Zoning Administration. Be advised that this form is only valid if signed, dated, stamped and all fields on the form are completely filled out by a representative of the Department of Building and Safety. All incomplete forms **will not** be accepted and will delay the application process.

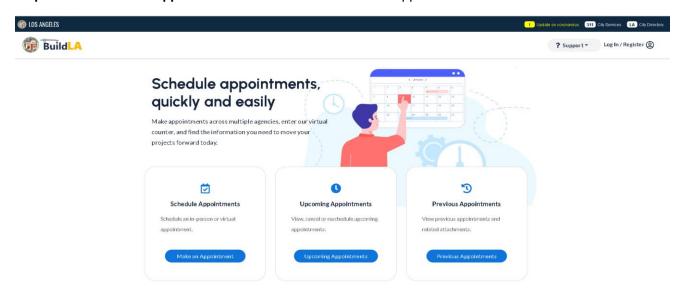
Wednesday: 9:00 a.m. to 4:00 p.m.

### **Zoning and Use Clearance Form Procedure**

Please use the following steps to complete your Zoning and Use Clearance Form:

**Step 1:** Make a "New Submittal" appointment with LADBS, using the following BuildLA link: <a href="https://appointments.lacity.org/apptsys/Public/Account">https://appointments.lacity.org/apptsys/Public/Account</a>

Step 2: Click "Make an Appointment" located in the "Schedule Appointment" Tab

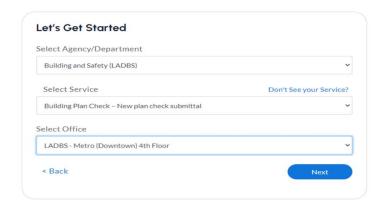


**Step 3:** In the "Lets Get Started" dialog box make the following selections:

Agency/Department-Building and Safety (LADBS)

Select Service-Building Plan Check - New plan check submittal

Select Office- LADBS - Metro (Downtown) 4th Floor



At your appointment time, LADBS will screen your request and documents and assign them to a LADBS engineer to review your request for approval. Additional documents may be requested.

Los Angeles Department of Building and Safety (LADBS) -201 N. Figueroa St., First Floor, Los Angeles 90012 Phone: 311 or (213) 473-3231



# Statement on Types of Goods Sold and Purchased

| Applicant's Signature: | Date: |  |
|------------------------|-------|--|
|                        |       |  |
|                        |       |  |
| Print Name:            |       |  |



### **Affidavit of Property Owner-Consent to Operate**

Complete this form <u>only</u> if your lease agreement does not indicate the usage. This form must be notarized or signed before a Deputy City Clerk. If providing a notary form, be sure the document is titled "Affidavit of Property Owner -Consent to Operate."

| Type(s) of Permit(s) applying for:                    |  |       |
|---|--|-------|
| Doing Business as (DBA):                              |  |       |
| Contact Phone No:                                     | Business Phone No:   |       |
|   | □Secondhand Books □ Secondhand Jewelry                           |       |
| Type of Permit (select all that apply):               | □Secondhand Gen □Secondhand Auto Parts □ Pawn                    |       |
|   | 4 d: DI 1  |       |
| Property Owner Information - Do Not Leave             | Anything Blank   |       |
| Legal Name of Lessor:                                 | (Must match lease)   |       |
|   |  |       |
| LESSOI BUSINESS Address. (Must include                | e: Apartment, Suite, Space, Unit numbers, etc.)                  |       |
| City:   | Zip Code:  |       |
| Lessor Mailing Address:(If same as a                  |  |       |
| City:   |  |       |
|   |  |       |
| Contact Phone No:                                     | Business Phone No:   |       |
|   |  |       |
| For Notary Public Use Only                            |  |       |
| I,  | , being duly sworn, depose and say that I am the owner ar        | ıd/or |
| authorized agent of the real property involved in the | ne application and do hereby consent to the filing of a Police P | ermit |
| Application and to the permitted activities. (Notar   | ized Form attached)  |       |
|   |  |       |
| Signature of Notary Public                            | Notes Public Steam Hans  |       |
| State ID:   | Notary Public Stamp Here   |       |
| Date:   |  |       |
| Date.   |  |       |
| Signature of Property Owner:                          | Date:  |       |
| Print Name:   |  |       |
| Signature of Deputy City Clerk:                       | Date:  |       |
| Print Name:   |  |       |



## **Designation of Qualified Manager**

| (I/We)   |   |   |
|--|---|---|
| Permit Holder's/Permit Applicant's Full Legal Name   |   |   |
| Doing Business AsBusiness Name (Doing Business As)   | _, designate the followingnumber  | person(s)                                 |
|  |   |   |
| Full Legal Name of Qualified Manager   | State Identification N  | Number                                    |
| Full Legal Name of Qualified Manager   | State Identification N  | Vumber                                    |
| as my/our Designated Manager, to represent (me/us) before the Los Angeles (Commission) the City of Los Angeles with respect to (all) my police permit(s).  | Los Angeles Police Department, or any o   | office or department of                   |
| Said Designated Manager is authorized to receive information about all accounts related to history, status, disciplinary action, fees, payments taxes, and other information used by the Manager is authorized to transact business in connection with police permits, including ope permits, giving oral and written information, and to perform any act or thing whatsoever cowe) personally present. The Designated Manager has the authority to legally and financially  | City to transact business on police permits<br>ning and closing accounts, applying for pencerning police permits in every aspect as | Said Designated ermits, canceling         |
| This Designation of Qualified Manager revokes all earlier Designation of Qualified Manager revocation is received by the Commission or until a new form is requested by the Commission or until a new form is requested by the Commission or until a new form is requested by the Commission or until a new form is requested by the Commission or until a new form is requested by the Commission or until a new form is requested by the Commission of Qualified Manager revokes all earlier Designation of Qualified Manag | on and executed by me/us.   |   |
| The undersigned permit holder(s)/applicant(s) further certifies that this Designation of Qual execution.   | ified Manager was completely filled in at   | the time of this                          |
| I read, write, and understand English, or I have had the permit process and all documents, in explained to me.   | acluding this Designation of Qualified Ma   | nager form sufficiently                   |
| Signed this day of   |   |   |
| Day Month Year   | Master Accoun   | t Number                                  |
|  | This form MUST BE NOT   | ARIZED.                                   |
| Permit Holder's/Applicant's Full Legal Name—Printed or Typed   |   |   |
|  | The NOTARY FORM MUTITLE OF THIS DOCUM of Qualified Manager" or accepted. Notary, see addi   | IENT AS "Designation the form will not be |
| Permit Holder's/Applicant's Signature(s)   |   |   |
| Notary must complete the information below:  |   |   |
| Notary's street address:   |   |   |
| Notary's city, state, and zip code:  |   |   |
| Notary Public's Phone #:   |   |   |
| Notary Public's email address (optional):  |   |   |
|  |   |   |

After receipt and review of the completed form, this Designation of Qualified Manager will be applied to all permit holder accounts. This form is to be utilized for the establishing of the Qualified Manager only, and the Qualified Manager is responsible for contacting the City to request any information or complete any transaction.

The following is an excerpt of the Los Angeles Municipal Code outlining the City law regarding Pawnbroker police permits.

Section 103. 306 Pawnbroker

#### SEC. 103.306, PAWNBROKER.

(Added by Ord. No. 111,348, Eff. 7/4/58.)

- (a) **Definitions**. As used in this article:
  - 1. "PAWNBROKER" means any person engaged in any one or more of the following businesses:
    - (i) Pawnbroking.
    - (ii) Lending money for himself or any other person upon personal property, pawns or pledges, in the possession of the lender.
    - (iii) Purchasing articles of personal property and reselling or agreeing to resell such articles, to the venders or assignees at prices agreed upon, at or before the time of such purchase.
  - 2. "PAWNSHOP" means any room, store or place in which the business of a pawnbroker is carried on or conducted.
- (b) **Permit Required**. No person shall engage in, manage, conduct or carry on the business of a pawnbroker without a written permit from the Board.
- (c) Change of Location. A change of location may be endorsed on a permit by the Board upon written application by the permittee, accompanied by the change of location fee prescribed in Section 103.12.
- (d) **Hold-Order by Police**. A police officer may place a hold-order upon property acquired by a pawnbroker in the course of his business, for a period of 30 days, and upon release of such property may require such pawnbroker to keep a record of the disposition of such property. It shall be unlawful for any person to dispose of any property contrary to any hold-order issued by a police officer.
- (e) **Auctions**. It shall be unlawful for any person operating, managing, or carrying on the business of a pawnbroker to permit, allow or conduct an auction sale as defined in this article on his premises except under the following conditions:
  - 1. **Notice to Board**. The pawnbroker, or the auctioneer employed by him, in addition to complying with all the provisions of this Code relating to auction sales shall give ten days notice, in writing, to the Board prior to commencing such auction sale. Such notice shall contain the location of the sale, the name of the auctioneer, the date of the sale, the hours during which the sale shall be conducted, and a complete list of all the property to be sold at such sale, with detailed identifying description of the property, including the original loan number.
  - 2. **Unredeemed Pledges**. The only property that may be sold at an auction sale at such location, shall be the unredeemed pledges in the original condition in which such property was received by the pawnbroker and as listed in the notice. Each such unredeemed pledge shall have attached to it a tag describing it, the original loan number, and the number of the item on the list in the notice. Property not listed in the notice shall not be sold at such auction sale.
  - 3. **Two-Day Limit**. The total time during which a pawnbroker may conduct auction sales shall not exceed two days in any calendar month.