



City of Port Orchard

216 Prospect Street, Port Orchard, WA 98366
(360) 876-4407 • FAX (360) 895-9029

Background Information

A separate Background Information sheet must be completed by each party, who has financial or proprietary or other interest in such pawnshop. *Failure to provide complete history regarding criminal & traffic related offenses will result in denial of your application.*

Full Legal Name: _____ Home Phone Number: _____

Other Names by Which You Have Been Known: _____

Home Address: _____

City State Zip Code
Previous Address: (if less than 2 years) _____

SSN: _____ Driver's License No. _____ State: _____

Sex: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Date of Birth _____ Birth Place: _____

Have you ever been charged with the violation of any law or ordinance relating to pawnbrokers?
_____ Yes _____ No If so, give date, court and disposition of case: _____

Have you ever been charged with any criminal offense, including felony traffic offenses or driving under the influence of intoxicants? _____ Yes _____ No If so, give date, court and disposition of case: _____

REFERENCES – Name and address of two (2) persons who have know you for a period of two (2) years.
(Not including relatives)

(Name) (Address)

(Name) (Address)

I hereby authorize the Port Orchard Police Department to conduct a background investigation and obtain any and all information they may request concerning my work record, military record, criminal record and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for a pawnbroker license. Any and all information may be released to the City Clerk's Office.

I hereby release the City of Port Orchard, its Police Department, and any duly authorized City employee from any liability which may or could result from furnishing the information requested above or for any subsequent use of such information in determining my qualifications for the license described.

This form or a copy may be retained in your files and a photocopy will serve as an original.

Signature

Date



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NOTE: This section to be completed by City staff after application is submitted to the City Clerk.

REVIEW AND COMMENT BY POLICE DEPARTMENT: _____

REVIEW AND COMMENT BY FIRE DEPARTMENT: _____

REVIEW AND COMMENT BY PUBLIC WORKS: _____

REVIEW AND COMMENT BY FINANCE DEPARTMENT: _____

REVIEW AND COMMENT BY PLANNING DEPARTMENT: _____

Date Application Received: _____ License No.: _____

Date Routed to Departments: _____ Date received report from Police Department: _____

Amount Of License Fee Paid: _____ Receipt No: _____

Approved By _____
Patricia J. Kirkpatrick, City Clerk or Designee

Decision of Departments: _____ Approve _____ Disapprove _____ Date of Decision: _____

Conditions: _____

