



KITSAP COUNTY SHERIFF'S OFFICE
 614 DIVISION ST. * PORT ORCHARD, WA 98366 * (360) 337-7101 * FAX (360) 337-4923

PAWN BROKER REGISTRATION FORM

SECTION 1 – APPLICANT INFORMATION

Last Name:		First Name:		M.I.	Phone: ()
Other Alias Names (if applicable):				Social Security No	
Local Residential Address:					Apartment No.
City:		State:	ZIP Code:	Email Address:	
Height:	Weight:	Eye Color:	Sex:	Age:	DOB:
Driver's license/Other Valid Government Photo Id No. <i>(Provide copy):</i>					

SECTION 2 – BUSINESS INFORMATION

Business Name:			Fed Tax ID No.		
Provide all other names in which the business/company conducts business:					
Name of Business Owner:					
Business Type <i>(Check applicable business type below and complete the required Sections for each type)</i>					
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership					
Business/Company Address:				Business Phone: ()	
City:		State:	ZIP Code:	Email Address:	
Local Business Address:				Business Phone: ()	
City:		State:	ZIP Code:	Email Address:	
Mailing Address for Receipt of Notices: <input type="checkbox"/> Same as Business Address <input type="checkbox"/> Same as Local Business Address					
Description of Proposed Activity:					
WA State Business License? <i>(Provide copy)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>				Business License #	
Are photographs of business owners and business managers attached? <i>(Must be included)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>					

Section 3 – Corporation, Partnership or Limited Partnership Information

This section to be completed only if business is a corporation, partnership or limited partnership

Corporation or Partnership Full Name:	Date Incorporated:	State Incorporated:
Name of Registered Agent:	Address of Registered Agent:	

INFORMATION REQUIRED BELOW FOR EACH PARTNER (If Partnership) OR FOR EACH OFFICER HOLDING MORE THAN 5% OF STOCK (If Corporation)
 (PLEASE USE EXTRA SHEET IF NECESSARY)

Officer or Partner Name	Residential Address	Date of Birth

Signature and Declaration

I declare under penalty of perjury that my answers are true and complete to the best of my knowledge. I agree to comply with all rules and regulations set forth in chapter 6.12 Kitsap County Code.

Printed Full Name:

Signature:

Date:

For Sheriffs Office Use Only-Review by Lieutenant of Civil/Support Services

Date Registration Received:

Administrative Completeness Review Due Date

(30 calendar days): _____

Application Complete? Yes No

Deficiencies:

Completion Date: _____

Driver's license/Other Valid Government Photo ID Copy Attached

Yes No

Photographs of the Business Owners and Business Managers Attached

Yes No

Date Applicant Notified of Deficiencies:

Name of Approving Authority:

Signature of Approving Authority:

Date: