



City of Camas
Pawnbrokers/2nd Hand Dealer
616 NE 4th Ave. Camas, WA 98607
(360) 834-2462 Fax: (360) 834-1535

For Office Use Only:
Fee Collected: _____
Date: _____
Receipt #: _____
Received By: _____

*****Please allow 30 business days for processing*****

Business Information

Business Name: _____

Type of Business (check one): Pawnbroker ____ 2nd Hand Dealer ____ Other ____

Address: _____ City/State/Zip: _____

Business Phone: _____ Alt. Phone: _____

Applicant Information

Name: _____
(Last) (First) (Middle Initial)

Date of Birth: ____ / ____ / ____ Place of Birth (City/State): _____

Physical Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

Phone: _____ Secondary Phone (cell, work, etc.): _____

Driver's License: _____ Social Security Number: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Have you ever been convicted of any crime, misdemeanor, or violation of any municipal ordinances? (Circle one) **YES / NO** If you answered "yes" please list the nature of the offense or penalty:

Record Books and Reporting Requirements:

Pursuant to the provisions of Camas Municipal Code 5.50, it is the responsibility of any Pawnbroker or Secondhand Dealer doing business in the city limits of Camas to maintain a record book or other permanent record written in the English language at the time of each loan, purchase, or sale. Further, Pawnbrokers and Secondhand Dealers are required to submit a weekly report the Camas Police Department. Reports and record books must include an accurate description of all items received, date received, price paid or amount loaned, as well as the name, age, residence, and description of the persons involved in the sale, loan and/or purchase.

The City reserves the right to stop any and all activity if violations of the permit conditions or Camas Municipal Code 5.50 occur.

Agreement:

I _____ have read and understand the conditions of the application for a Pawnbroker/Secondhand Dealer License. Also, if the license is granted, I hereby agree to abide by the conditions set forth by Camas Municipal Code 5.50. I have been informed that if I fail to abide by these conditions, the City of Camas may revoke the License for Pawnbroker/Secondhand Dealer.

Applicant Signature: _____ Date: _____

For Office Use Only:

License is: APPROVED / DENIED

Chief of Police Signature: _____ Date: _____