



1350 Norris Road
 Bakersfield, California 93308-2231

SECONDHAND DEALER & PAWNBROKER LICENSE REQUIREMENTS/INVOICE

APPLICATION FEE:	\$300.00	NEW AND RENEWAL <i>*Only check or money order for payment</i>
LIVE SCAN FEE:	\$32.00 + Rolling Fee	PRINTED BY OUR OFFICE \$52 <i>*Only provide for a new application unless otherwise requested</i>

\$300 Check or Money Order payable to: Dept. of Justice

Accepted payment for Live Scan: Cash or Credit Card *Mastercard, VISA, Discover

Renewals mailed to: Kern County Sheriff's Office
 ATTN: Licensing Unit
 1350 Norris Road
 Bakersfield, CA 93308

Please provide the Licensing Unit with the following required documents:

<input type="checkbox"/> Completed Secondhand/Pawnbroker Application is the same for new and renewal licenses <i>* Include a list of additional Secondhand/Pawnbroker licenses in California for new and renewals</i>
<input type="checkbox"/> Complete Live Scan Form or Copy of form if fingerprinted somewhere other than the Sheriff's Office <i>*Any owner listed on application/license is fingerprinted</i>
<input type="checkbox"/> Copy of State Driver's License(s) <i>*Any owner listed in application. Provide <u>every</u> renewal year</i>
<input type="checkbox"/> Copy of Lease Agreement and or Letter of Authorization <i>*Don't own property/building. Provide <u>both every</u> renewal year. *If you don't have a current rental/lease agreement the Letter of Authorization <u>must</u> be provided</i>
<input type="checkbox"/> Copy of Proof of Ownership <i>*Owns property/building. <u>Only</u> provide for a new application</i>
<input type="checkbox"/> Copy of Sellers Permit <i>*<u>Only</u> provide for a new application</i>
<input type="checkbox"/> Copy of Fictitious Business Statement <i>*D.B.A. statement i.e.: LLC, State License. <u>Only</u> provide for a new application</i>
<input type="checkbox"/> Copy of Surety Bond and Financial Statement <i>*<u>Only</u> for Pawnbroker licenses and provide <u>every</u> renewal year</i>

For new licenses, adding or changing owners please fill out the online application through the CAPSS DOJ website (<https://capsslicensing.doj.ca.gov/public/applications/new?ori=CA0150000>) prior to submitting your application this step will not be needed for renewal applications.

FOR KERN COUNTY SHERIFF'S OFFICE USE		DATE RECEIVED:	
RECEIPT #:		AMOUNT RECEIVED:	
RECEIVED FROM:		TYPE OF PAYMENT:	
DATE PAPERWORK WAS SENT TO DOJ:		FINGERPRINT RESULTS RECEIVED IN CAPPS/DOJ:	
LICENSE APPROVED & ISSUED:		LICENSE EXPIRES:	



APPLICATION FOR SECONDHAND DEALER OR PAWNBROKER LICENSE

A. Type of Application (Check the appropriate box):

- Application for Secondhand Dealer License (21641 B&P)
- Application for Pawnbroker License (21300 FC)
- Application for Renewal:
 - Secondhand Dealer License (21642 B&P) State License No.: _____
 - Pawnbroker License (21301 FC) State License No.: _____
- Modifications (change of business, name, address, etc.)

DOJ USE ONLY	
Received:	_____
Check #	_____
Check Amt:	_____

B. Licensing Agency Information: (Completed by licensing agency only.)

Licensing Agency (Substation if applicable) _____ Date _____

Mailing Address _____

Licensing Official (Name, Title) _____ Phone _____

THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY THE APPLICANT(S)

C. Business Owner(s): (Name of individual, partners, or corporate officers)

_____ Name	_____ Date of Birth	_____ Title	_____ Phone
_____ Name	_____ Date of Birth	_____ Title	_____ Phone
_____ Name	_____ Date of Birth	_____ Title	_____ Phone

ATTACH ADDITIONAL SHEET IF NECESSARY. CHECK CIRCLE IF ADDITIONAL SHEET IS USED

D. Business Information

Business Name _____ Phone _____

Street Address _____ City _____ Zip Code _____

Business Ownership: Individual Partnership Corporation
(If corporate name differs from business name, complete the following):

Corporation Name _____ Phone _____

Street Address _____ City _____ Zip Code _____

E. Off-Site Storage Location:

Will property belonging to the business be stored off the business premises? Yes* No *If "yes," please provide the information below:

Off-Site Storage Street Address _____ City _____ Zip Code _____

F. Multiple Secondhand Dealer or Pawnbroker Businesses:

Do any parties to this application have a financial interest in any other Secondhand Dealer or Pawnbroker Business in California?

Yes* No *If "yes," please provide the Business Name, Address, City, and State assigned Secondhand Dealer or Pawnbroker License Number on an additional sheet of paper, and check circle if additional sheet is used

G. Additional Information:

Have any parties to this application ever been convicted of an attempt to receive stolen property or any other property-related crime?

Yes* No *If "yes," please provide the applicant's name, date, and details on the arrest or conviction on an additional sheet of paper, and check circle if additional sheet is used

H. Certification:

"As the person responsible for completing the application for the business, I certify under penalty of perjury that the information on this application is true and complete to the best of my knowledge."

SIGNATURE _____ TITLE _____ DATE _____

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 is for a modification 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.



REQUEST FOR LIVE SCAN SERVICE (Secondhand Dealer/Pawnbroker)

Print Form

Reset Form

Applicant Submission

CA0349400

ORI (Code assigned by DOJ)

Secondhand Dealer Pawnbroker

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

LICENSE

Authorized Applicant Type

Contributing Agency Information:

DEPARTMENT OF JUSTICE

Agency Authorized to Receive Criminal Record Information

P.O. BOX 903387

Street Address or P.O. Box

SACRAMENTO

City

CA 94203-3870

State ZIP Code

05467

Mail Code (five-digit code assigned by DOJ)

SHDPB UNIT

Contact Name (mandatory for all school submissions)

Contact Telephone Number

Applicant Information:

Last Name

Other Name (AKA or Alias) Last

Date of Birth

Sex Male Female

Height Weight

Eye Color Hair Color

Place of Birth (State or Country)

Social Security Number

Home Address Street Address or P.O. Box

First Name Middle Initial Suffix

First Suffix

Driver's License Number

Billing Number BIL - Applicant to pay at Site (Agency Billing Number)

Misc. Number (Other Identification Number)

City State ZIP Code

Your Number: OCA Number (Agency Identifying Number)

Level of Service: DOJ

If re-submission, list original ATI number: (Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

N/A Employer Name

N/A Street Address or P.O. Box

N/A City State ZIP Code

N/A Mail Code (five digit code assigned by DOJ)

N/A Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed