



1350 Norris Road  
 Bakersfield, California 93308-2231

**SECONDHAND DEALER & PAWNBROKER LICENSE REQUIREMENTS/INVOICE**

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

**\$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<br>* Include a list of additional Secondhand/Pawnbroker licenses in California for new and renewals  |
| <input type="checkbox"/> Complete Live Scan Form or Copy of form if fingerprinted somewhere other than the Sheriff's Office<br>* <b>Any</b> owner listed on application/license is fingerprinted   |
| <input type="checkbox"/> Copy of State Driver's License(s)<br>*Any owner listed in application. Provide <b>every</b> renewal year  |
| <input type="checkbox"/> Copy of Lease/Rental Agreement and Letter of Authorization<br>*Don't own property/building. Provide <b>both every</b> renewal year. *If you don't have a current rental/lease agreement the Letter of Authorization <b>must</b> be provided   |
| <input type="checkbox"/> Copy of Proof of Ownership<br>*Owns property/building. <b>Only</b> provide for a new application  |
| <input type="checkbox"/> Copy of Sellers Permit<br>* <b>Only</b> provide for a new application   |
| <input type="checkbox"/> Copy of Fictitious Business Statement<br>*D.B.A. statement i.e.: LLC, State License. <b>Only</b> provide for a new application  |
| <input type="checkbox"/> Copy of \$20,000 Surety Bond <b>and</b> \$100,000 Financial Review Statement <b>or</b> \$100,000 Surety Bond<br>* <b>Only</b> for <b>NEW/INITIAL</b> Pawnbroker licenses. *\$100,000 Surety Bond is <b>only</b> provided <b>IF</b> a \$20,000 & \$100,000 Financial aren't provided |
| <input type="checkbox"/> Copy of \$20,000 Surety Bond<br>* <b>Only</b> for <b>RENEWAL</b> Pawnbroker licenses. Provide <b>every</b> renewal year   |

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

|   |  |  |  |
|---|--|--|--|
| <b>FOR KERN COUNTY SHERIFF'S OFFICE USE</b> |  | DATE RECEIVED:                             |  |
| RECEIVED FROM:                              |  | \$300 PAYMENT TYPE:                        |  |
| DATE APPLICATION/PAYMENT 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.)

|                     |       |
|---------------------|-------|
| <b>DOJ USE ONLY</b> |       |
| 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



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### LETTER OF AUTHORIZATION

I, the undersigned as authorized  Owner of Property  Manager of Property  Leaseholder of following location where vendor is conducting business or temporary business:

\_\_\_\_\_

Street Address, City, State, Zip Code

Located within the unincorporated area of the County of Kern acknowledge that, pursuant to separate agreement, I have authorized a moving/stationary business to be conducted by:

Applicant Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

To conduct business as a vendor or temporary business: i.e.: street vendor, food peddler, bingo, secondhand dealer/pawnbroker, weapons dealer, commercial photography, casino, public dance, or itinerant peddler, or any other type of Kern County license type on the following date(s):

Specific date(s) as follows: \_\_\_\_\_

Or continuously for the following days and hours of operation until revocation by either party or expiration of business license: \_\_\_\_\_

Agreement shall terminate on this date: \_\_\_\_\_ or

1. On the transfer or assignment of interest in the property from the authorizing property owner, or lessee.
2. On any change of the authorizing manager

In the event of termination, the temporary business applicant shall either obtain a new authorization to conduct his business on the property, or immediately stop conducting business and remove their personal or business items.

I have not issued any other authorizations for the same property for the same date(s) or overlapping dates of commencement.

Date of Authorization: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Authorization Property Owner/Manager      Signature, Title, Date

Property Owner/Manager Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Print "Business" Applicant Name      Signature, Title, Date