City of Corvallis
Pawnbroker/Precious Metals, Gems and Coins Dealer/Used Merchandise Dealer/Scrap Metal Dealer
License Investigation Application

This application is for a: ☐ Pawnbroker ☐ Precious Metals/Gems/Coins Dealer ☐ Scrap Metal Dealer ☐ Used Merchandise Dealer
APPLICATION FEE: $50.00

Outlet Name: _____ Phone Number:_____
Address: _____
Hours and days of operation:_____
Primary Applicant *(Owner or Corporation Name)*:_____
This business is a (select one): ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

Primary Applicant Information: Please provide information for the owner(s) if the business is a sole proprietorship or partnership. If the business is part of a corporation, please provide information for at least two corporate officers. Signatures authorize the City of Corvallis to conduct a criminal background check as defined in CMO 5.03.010.120

Owner/Corporate Officer:

Full Name:_____

Position:_____

Home Address:_____

_____

A.K.A.:_____

Driver's License#:_____

Date of Birth:_____

Length of Residency in Oregon:_____
*If less than 5 years, where did you live previously?*_____

Present Occupation:_____

Previous Occupation:_____

Do you have any criminal convictions?_____
If so, please list:
Offense Date of Conviction
_____
_____
_____

Please detail your experience in this field of business:_____
_____
_____
_____

Have you ever held this type of license before?_____
*If so, please list location(s) and date(s) of licensure:*_____
_____
_____

Co-Owner/Corporate Officer:

Full Name:_____

Position:_____

Home Address:_____

_____

A.K.A.:_____

Driver's License#:_____

Date of Birth:_____

Length of Residency in Oregon:_____
*If less than 5 years, where did you live previously?*_____

Present Occupation:_____

Previous Occupation:_____

Do you have any criminal convictions?_____
If so, please list:
Offense Date of Conviction
_____
_____
_____

Please detail your experience in this field of business:_____
_____
_____
_____

Have you ever held this type of license before?_____
*If so, please list location(s) and date(s) of licensure:*_____
_____
_____

I/We agree to provide the Corvallis Police Department quarterly listings of all my employees (including their names, addresses, dates of birth, and present and previous occupations) and to notify them of any new employees within one week of their hire.

_____ _____ _____

Applicant Signature **Date** **Co-Applicant Signature** **Date**

Application Review:

_____ _____
Building Official **Date**

_____ _____
Fire Department **Date**

Application Approval:

_____
Police Department **Date**

_____
City Manager **Date**