



# City of Aurora

Finance Department. 44 East Downer Place. Aurora, Illinois 60507-2067. (630) 256-3560  
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## PAWNBROKERS, SECONDHAND DEALER, CASH for GOLD, JUNKSHOP and RECYCLING CENTER LICENSE APPLICATION

LICENSE YEAR JULY 1, \_\_\_\_\_ THROUGH JUNE 30, \_\_\_\_\_

- 1) Pawnbroker License fee: \$100 per year. LICENSE BOND for \$1,000 MUST accompany completed application.
- 2) Secondhand Dealer, Cash for Gold, Junkshop and Recycle Center License fee: \$50.00 per year. LICENSE BOND for \$1,000.00 MUST accompany completed application.
- 3) The Junkshop license fee of \$50 includes the use of one vehicle. There is a \$10 fee for each additional junk shop vehicle. A copy of this license MUST be kept in each vehicle so licensed, and presented to a police officer upon demand.
- 4) The owner/manager of the establishment MUST complete and SIGN this application. ALL items MUST be completed. If not applicable, enter "N/A" on the line. Incomplete applications may be returned and will not be processed until completed.
- 5) This license is not transferable to other location(s) or owner(s) other than that listed below.
- 6) This license MUST be posted in public view at the location of the business(s).

Applicant's Name (first, middle, last): \_\_\_\_\_

Applicants Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owners/Managers background check required. Following information needed:

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_

Application Applied For (circle one): Pawnbroker Secondhand Dealer Junk Shop/Recycling Center

Ownership: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor

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

Address of location where business shall be conducted: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone: ( ) \_\_\_\_\_

Name and Address of all Officers or Partners required (additional page may be used).

Partner/Officer Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: (      ) \_\_\_\_\_

Partner/Officer Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: (      ) \_\_\_\_\_

Partner/Officer Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: (      ) \_\_\_\_\_

Partner/Officer Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: (      ) \_\_\_\_\_

Secondhand dealer and Junk/Recycle Center must list vehicles used for business.

Vehicles shall be permanently and conspicuously marked on both sides and rear of the vehicle with the name of licensee, street address and phone number of his place of business.

Vehicle(s): Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate Number \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate Number \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate Number \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate Number \_\_\_\_\_

Please made check payable to "City of Aurora", 44 E. Downer Place, Aurora, IL 60507.

I, \_\_\_\_\_ have personally read and answered each and every question  
(print) first middle last  
in this license application, and hereby certify that each and every answer is true and correct. I understand that if this application contains any false or misleading information of any material fact, it is grounds for denial of the license.

I understand that it is my responsibility to notify the City of Aurora of any change of information pertinent to this application, and that any failure to do so may result in revocation of this license.

I further authorize the City of Aurora and/or its agents to conduct a thorough and complete investigation into my background.

I acknowledge that a photostatic or electronic copy of this release form will be as valid as an original, even though the said photostatic or electronic copy does not contain an original writing of my signature. This release becomes invalid after one year from the date of signing.

\_\_\_\_\_

(Signature owner/manager)

\_\_\_\_\_

(Date)

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**FOR OFFICE USE**

Amount received \$ \_\_\_\_\_ Check/Cash Date: \_\_\_\_\_

Proof of Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ Safety Sticker: Yes \_\_\_\_\_ No \_\_\_\_\_

Background Check: Pass \_\_\_\_\_ Failed \_\_\_\_\_

Approved by: \_\_\_\_\_

License #: \_\_\_\_\_