

р	SP ermits are issued for a one-year period a ersons filing for an application for initia iminal background check on an annual	and should be really and should be really and should be really a should be really and should	newed prior to th wal of a permit a			1		
	New Pawnbroker Permit I am filing a name/or address			d Gems Dealer Permit				
1.	Operating Business Name							
2.	Business Address		Suite#	Phone#	Fax#	-		
3.	CityState _	Zip_						
4.	Business e-mail address							
5.	Mailing Address (if different from abo							
6.	City			StateZip				
7.	Map and Parcel Zoning Classification							
8.	Date Business began in Cherokee Coun	ty		# of Owners				
9.	#Full time employees		#Pa	rt Time employees				
10.	Sales and Use Tax Identification Num	ber —	_					
(A.	Federal Employer Identification Numb it appears on Form 941 of your Emplo ther compensation)		– Federal Tax Ret	urn, line1- Number of e	employees who received wage	es, tip.		
12.	E-Verify Number							
13.	Please indicate ownership status:	1	Partnership					
14.	Corporate / Owner Name*							
	Home Address	-	-		-			
	Home Phone D	ООВ	_ Drivers Licen	se #	State			

*Corporations/Partnerships must provide the names of all officers or partners, their titles, resident addresses and phone numbers. 3/7/2012

Please, if more space is needed attach to application.

Corporate / Partner Information

14. Officer/Partner				Title				
Home Address		Apt#	City	State	Zip			
Home Phone	DOB		_ Drivers License #		State			
15. Officer/Partner				Title				
Home Address		Apt#	City	State	Zip			
Home Phone	DOB		_ Drivers License #		State			
16. Officer/Partner			Title					
Home Address		Apt#	City	State	Zip			
Home Phone	DOB		Drivers License #		State			
17. Have you held a Cherokee CouIf "yes" enter name and address18. Have you ever had a Pawnbrok	s of business							
If "yes" please attach a full stat	ement of the fac	ets which r	required a "yes" answer.					
dismissal of this application and/o the Cherokee County Developme applicable state, federal & local la not waive the right of any federa	or revocation of nt Service Cente aws, ordinances l, state or local	the permit er. I furth & regulat entity to r	t. I understand that all sign er understand that my bu- tions, & that the granting regulate & enforce such la	ns displayed on a usiness must be g of this permit	operated in compliance with all or payment of this permit does			
Thisday of		, 2	20					
Signature of applicant:								
Owner	Manager	other	r specify					
ALL HOLDERS OF THIS PER AN EXTENSION IS GRANTED AN AUTOMATIC FORFEITUR BUSINESS OWNERS; EVER LOANS, BUYING AND/OR S TRANSACTIONS OR BUY	<u>) BY THE BOA</u> RE OF THE PE Y PERSON EN	ARD OF C CRMIT AL	COMMISSIONERS. FA ND FEES ARE NON –R D BY THIS BUSINESS	AILURE TO CO REFUNDABLE WHO IS INVO	<u>OMPLY WILL RESULT IN</u> <u>-</u> DLVED IN MAKING PAWN			