

City of Coeur d'Alene Municipal Services 710 Mullan Avenue Coeur d'Alene, Idaho 83814 (208) 769-2229 kathylew@cdaid.org

Office Use Only)	
Amount Paid	
Receipt #	
Date	
_ic. No.	
3v	

Used Merchandise Dealer License

Fee: \$200 - Expires Annually on December 31st

REQUIREMENT: APPLICANT:	All questions must be answered in full. If applicant is a partnership or corporation list under FIRM OR CORPORATION , including Bos of Directors and/or officers.				
	All owners must con	nplete a <u>Criminal His</u>	tory Background Check. The Fee is \$45.		
	Any person having direct financial interest in the business, other than lessor, mortgage or vendor also list under FIRM OR CORPORATION . Complete personal information for each partner or officer. Attach additional sheets if necessary.				
CHECK ONE:	□ Pawn Shop	□ Jeweler □	Used Merchandise Store		
	□ Coin Dealer	□ Other (specify)			
Name of Business:					
			City/State/Zip:		
Physical Address:			City/State/Zip:	 	
Name of Manager:			Phone:		
Physical Address:			City/State/Zip:		
E-Mail:			Cell Phone:		
Date of Birth:	Social Securit	y #:	Place of Birth:		
,					
	TO 14/11	OM THE HEENER IS	C TO BE ISSUED		
	TO WH	OM THE LICENCE IS	S TO BE ISSUED		
Sole Proprietor, Corp additional sheet(s) if		mplete the information	on below for all partners or officers – attach		
Name:					
	First	Middle	Last		
			Social Security #:		
Mailing Address:					
Phone:	Cell:		E-Mail:		

Used Merchandise Dealer License Page Two

Previous Residence (las		
	t five years):	
Address:		City/State/Zip:
Address:		City/State/Zip:
Address:		City/State/Zip:
Previous Employment (la	ast five years):	
Employer:	Address:	City/State/Zip
Employer:	Address:	City/State/Zip
Employer:	Address:	City/State/Zip
Name:	Address:	City/State/Zip City/State/Zip
Name:	Address:	City/State/Zip
Firm or Corporation, List Name Date of Birth S	t Members, Officers, Etc. (attach a	additional sheets if needed): City/State/Zip
Applicant Prior Arrest Re	ecord and Location (other than tra	affic EXCEPT DWI & Reckless Drivin

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Five Personal or Char required).	racter References you have kn	own for at least five years (addresse	es and phone number
<u>Name</u>	<u>Address</u>	City/State/Zip	<u>Phone</u>
Applicant as part of the	nis application certifies as follo	ows:	
listed on this applicat	tion is complete and true to the	ghteen years of age, of good repute e best of his/her knowledge, that th unty of Kootenai, and the law of the	e applicant is qualified by
Signature of Applicant:		Date:	