



CITY OF SANTA BARBARA

RENEWAL PROCESS

PAWNBROKERS and SECONDHAND DEALERS

Permit #:

PD Received:

Name of Applicant: _____

Name of Business: _____

Renewal is for two (2) years. Once submitted, the application process takes up to 8 weeks before a license is issued. Follow the steps below to process your permit renewal:

Steps Completed with Finance	Complete full application and remit via email to AccountsReceivable@SantaBarbaraCA.gov Full Application must include the following:	Date completed & City Agent's initials.
Step 1	<input type="checkbox"/> Renewal Application form with Arrest History. <input type="checkbox"/> Authorization to Release Information form. <input type="checkbox"/> State of California Renewal Application form (#JUS 125). Photocopy (front and back) of your driver's license. <input type="checkbox"/> Only Pawnbroker's must submit the following documentation: <input type="checkbox"/> Pawnbroker's Surety Bond for \$20,000. <i>Payment can be made in person or sent via mail. Email the contact above for detailed information:</i>	
Step 2	<input type="checkbox"/> Pay a \$25.00 renewal fee for City of Santa Barbara (B/L Bill Code 6200-25.00) <input type="checkbox"/> Enclose check \$300.00 payable to DOJ for State Renewal Process.	

POLICE DEPARTMENT USE ONLY

To be completed by Police Technician:

- City of Santa Barbara Police Department records check on applicant, Warrants, DMV, Versadex. Date: _____
- Property Crimes Sergeant verified no negative information on applicant that would prohibit re-issuance of the permit.

Approving Sergeant/ body #: _____ Date: _____

Police Technician's recommendations on the renewal of the permit to the applicant:

CHIEF OF POLICE OR DESIGNEE:

Approval of renewal application: _____ Date: _____

Disapproval of renewal application: _____ Date: _____



CITY OF SANTA BARBARA

APPLICATION FOR CITY PERMIT

TYPE: PAWNBROKER & SECONDHAND DEALER

Permit #:

*Santa Barbara Municipal Code,
Chapter 5.44*

Please complete the following:

Date: _____ Name: _____

A.K.A. (list other names used): _____

Email: _____

Residence Address (include street, city, and zip code): _____

Mailing Address, if different (include street, city, and zip code): _____

Phone Number: _____ Date of Birth: _____

California Driver's License No. (Submit Photocopy) _____

Business Name: _____

Business Address (Include street, city, and zip code): _____

Business Owner's Name: _____ Business Phone Number: _____

Arrest History: If you have had any arrests, list all of them. Use an additional sheet if necessary. Give the date (approximate), place (city and state), and the reason for the arrest.

<i>Date:</i>	<i>Place (city and state):</i>	<i>Reason:</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature below indicates the applicant understands that if any information requested on this form is misrepresented, it may be grounds for denial of this permit application.

Applicant's Signature

Date



CITY OF SANTA BARBARA

**AUTHORIZATION TO RELEASE INFORMATION
TO THE
CITY OF SANTA BARBARA, POLICE DEPARTMENT**

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

As an applicant for a City permit within the City of Santa Barbara, I hereby authorize the release of any and all information that you may have concerning my work records education records, medical records, and information of a confidential or privileged nature to the City of Santa Barbara Police Department and its agents.

I hereby release you, your organization, or others, from any liability or damage, which may result from furnishing the information requested.

Printed (*Permit Applicant's Name*)

Signature (*Permit Applicant*)

Date



Print Form

Reset Form

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.)

DOJ USE ONLY	
Received:	_____
Check #	_____
Check Amt:	_____

B. Licensing Agency Information: (Completed by licensing agency only.)

SANTA BARBARA POLICE DEPARTMENT

Licensing Agency (Substation if applicable)	Date
PO BOX 539, SANTA BARBARA, CA 93102	
Mailing Address	
CHIEF OF POLICE	(805) 897-2333
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: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> 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
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