



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

(Office Use Only)

Amount Paid _____

Receipt # _____

Date _____

License # _____

By _____

USED MERCHANDISE DEALER LICENSE

Business License Fee \$200.00 – Expires Annually on December 31

REQUIREMENTS:

- The dealer license covers the business only. An individual license is also required for individuals selling/receiving used merchandise.
- ALL QUESTIONS MUST BE ANSWERED IN FULL.
- If applicant is a partnership or corporation, list under FIRM OR CORPORATION, including Board of Directors and/or Officers.
- All Owners must complete a CRIMINAL HISTORY BACKGROUND CHECK. The fee is \$41.50.
- 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.

Indicate type of business:

Pawn Shop Jeweler Coin Dealer Used Merchandise Other _____

BUSINESS INFORMATION

Name of Business _____

Physical Address _____

Mailing Address _____

Telephone Number _____ Email _____

MANAGER INFORMATION

Name of Manager _____

Physical Address _____

Mailing Address _____

Telephone Number: _____ Cell Phone: _____ Email _____

Date of Birth: _____ Place of Birth: _____

TO WHOM THE LICENSE IS TO BE ISSUED

Sole Proprietor, Corporation or LLC – Complete the information below for all partner or officers (attach additional sheet(s) if necessary):

Name _____

Physical Address _____

Mailing Address _____

Telephone Number _____ Cell Phone: _____ Email _____

Date of Birth: _____ Place of Birth: _____

PREVIOUS RESIDENCE (last five years):

Address: _____ City/State/Zip: _____

Address: _____ City/State/Zip: _____

Address: _____ City/State/Zip: _____

PREVIOUS EMPLOYMENT (last five years):

Employer	Address	City/State/Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____

PREVIOUS CONDUCTED BUSINESSES (last five years):

Name	Address	City/State/Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____

FIRM OR CORPORATION – List Members, Officers, Etc. (attach additional sheets if needed):

Name	Date of Birth	Address	City/State/Zip
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT PRIOR ARREST RECORD AND LOCATION (other than traffic EXCEPT DUI & Reckless Driving):

Date	Charge	Location	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FIVE PERSONAL OR CHARACTER REFERENCES you have known for at least five years (addresses and phone numbers required):

Name	Address	City/State/Zip	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant as part of this application certifies as follows:

That he/she is a citizen of the United States, over eighteen years of age, of good repute, that the information listed on this application is complete and true to the best of this/her knowledge, that the applicant is qualified by the ordinances of the City of Coeur d'Alene, the County of Kootenai, and the law of the State of Idaho to receive a license.

Signature of Applicant

Date