



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 _____
 Lic. No. _____
 By _____

Used Merchandise Dealer License – Individual
Required for all persons authorized to accept/purchase used merchandise
Fee: \$5 - Expires annually on December 31st

REQUIREMENTS:

- All questions must be answered in full.
- A **Criminal History Background Check**. **The fee is \$45.**

CHECK ONE:

- Pawn Shop Jeweler Used Merchandise Store
 Coin Dealer Other (specify) _____

Business Information

Name of Business: _____
 Mailing Address: _____ City/State/Zip: _____
 Physical Address: _____ City/State/Zip: _____

Individual Information

Name: _____ Phone: _____
 Physical Address: _____ City/State/Zip: _____
 E-Mail: _____ Cell Phone: _____
 Date of Birth: _____ Social Security #: _____ 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: _____
 Employer: _____ Address: _____ City/State/Zip: _____
 Employer: _____ Address: _____ City/State/Zip: _____

Applicant Prior Arrest Record and Location (Other than traffic EXCEPT DWI & Reckless Driving):

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

Five Personal or Character References you have known for at least five years (address/phone number).

<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 his/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: _____