



Western Australia Police

**Pawnbrokers and Second-hand Dealers
Licence Application (Partnership)**

Pawnbrokers and Second-hand Dealers Act 1994 (Section 13)

Please use BLOCK LETTERS when completing this form.

I hereby make application for a (Tick appropriate box/es)

PAWNBROKER'S LICENCE AND/OR SECOND-HAND DEALER'S LICENCE

.....
(Surname) (Given names, in full)

DATE OF BIRTH/...../..... PLACE OF BIRTH.....
(Applicant must be 18 years or over)

RESIDENTIAL ADDRESS

REGISTERED BUSINESS TRADING NAME

DATE REGISTERED/...../.....

BUSINESS ADDRESS

..... TEL: FAX:

STORAGE ADDRESS TEL:

DOCUMENTATION (Section 14)

To prove my identity I have supplied the following original documentation, with photocopies, to support my application.

- 1. Birth Certificate
- 2. Passport No.: Expiry date:/...../..... (If expired, not more than 24 months old)
- 3. Motor driver's licence: No.: Expiry date:/...../.....
- 4. Written Local Government Authority approval stating that they have no objections for the business premises to be used for Pawnbrokers and Second-hand Dealers.
- 5. Newspaper advertisement of my intention to apply for this licence (Section 11):
..... on/...../.....
(Name of newspaper) (Date of advertisement)
- 6. Business Registration Certificate and Extract
- 7. Letter of Authority from the partner.
- 8. Storage addresses and telephone numbers
- 9. Personal particulars of partner/s including full name/s, address/es and date/s of birth
- 10. Have you ever been known by any other name/s? Yes No
If Yes, supply name/s:.....
- 11. Other documents:

Continued over...

CRIMINAL HISTORY

I have never been convicted of any offences anywhere

OR

Explain below **ALL** offences you have ever been convicted of (excluding Children’s Court convictions). This section **MUST** be completed in full.

PENALTY FOR FALSE OR MISLEADING INFORMATION IS \$5000.00 (For Partnership)

Nature of offence	Court convicted in	Date	Penalty
...../...../.....
...../...../.....
...../...../.....
...../...../.....
...../...../.....

GOODS INFORMATION

By which method will you supply Goods Information to the Commissioner of Police:

Modem option

Fax option

DECLARATION

I certify that the above information is true and correct and attached documents are what they are stated to be.

APPLICANT SIGNATURE:

WITNESS SIGNATURE:

DATE:/...../.....

FULL NAME OF WITNESS:

DESIGNATION:

TEL. (Private) TEL. (Business)

NOTE: This form **must** be signed in the presence of one of the following: Justice of the Peace, Commissioner of Declarations, Police Officer, Teacher, Post Master, Bank/Building Society Manager, Town/Shire clerk, General Practitioner, Chemist, Public Service Officer.

OFFICE USE ONLY

Amount paid:.....

Receipt No.:.....

Receipt date:...../...../.....

File No.:...../.....

Licence approved:

Objection to be lodged:

Licensing Officer’s comments:

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LICENSING OFFICER’S SIGNATURE

DATE: / /