

# PAWNBROKER'S

## AFFIDAVIT OF APPLICANT FOR LICENSE

STATE OF MISSOURI  
County of Jackson

\_\_\_\_\_ being duly sworn, on his oath says; That he will faithfully observe and carry out all the provisions and regulations of any ordinance of Kansas City, now in force, or that may be hereafter passed, in relation to Pawnbrokers or their business. That said business is by the affiant to be transacted at No \_\_\_\_\_ on \_\_\_\_\_ Street, in said Kansas City, County of Jackson, State of Missouri.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

BOND NO.  
EFFECTIVE DATE:

## BOND

KNOW ALL MEN BY THESE PRESENTS, That we, \_\_\_\_\_ as Principal, and \_\_\_\_\_ and \_\_\_\_\_ as his sureties, both sureties being residents of \_\_\_\_\_ authorized to do business in Kansas City, Missouri, are firmly held and bound unto Kansas City in the sum of Five Thousand Dollars, for the payment of which, well and truly to be made, we do hereby bind ourselves, our heirs, executors, administrators, and assigns, firmly by these presents.

This obligation is upon the following conditions, to-wit. That whereas, on this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_\_\_, a license is about to be issued to the above principal, \_\_\_\_\_, to carry on and engage in the business of a Pawnbroker, in Kansas City, Jackson County, State of Missouri, said license expiring on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Now, if the said applicant for said license, \_\_\_\_\_ as aforesaid, shall strictly and faithfully observe all ordinances, regulations and requirements of the said Kansas City, now existing or hereafter provided, in relation to Pawnbrokers or their business, and shall pay all costs, fines and penalties incurred on account of his failure or neglect in that behalf; and, further shall pay all damages resulting to any person by reason of his wrongfully purchasing, taking or receiving in pledge or on deposit any stolen property or the property of any minor, then this obligation shall be void, otherwise to remain in full force and effect.

WITNESS our hands and seals hereto attached this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
BY \_\_\_\_\_ (SEAL)  
\_\_\_\_\_  
BY \_\_\_\_\_ (SEAL)  
\_\_\_\_\_  
BY \_\_\_\_\_ (SEAL)

The above and foregoing bond is hereby approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Director of Finance

The form of the foregoing bond is hereby approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Assistant City Counselor

# Surety Bond Application

AGENCY NAME: \_\_\_\_\_ AGENCY CONTACT: \_\_\_\_\_  
 AGENCY PHONE: \_\_\_\_\_ AGENCY FAX: \_\_\_\_\_ AGENCY EMAIL: \_\_\_\_\_  
 AGENCY ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT?** \_\_\_\_\_

**NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND?** \_\_\_\_\_

**SECTION I: BOND APPLIED FOR**

Type of Bond: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type of Company **CORP**  **LLC**  **DBA**  **PARTNERSHIP**  Bond Amount: \_\_\_\_\_

(Obligee): \_\_\_\_\_

Obligee Address \_\_\_\_\_

**SECTION II: GENERAL INFORMATION**

Applicant's Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

SS#: \_\_\_\_\_ Spouse SS#: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Business Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Business BEGAN under present Individual or Firm Name: \_\_\_\_\_ BUSINESS TAX ID: \_\_\_\_\_

HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES  NO  DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS AGAINST YOU? YES  NO

HAS APPLICANT EVER FAILED IN BUSINESS? YES  NO  HAS APPLICANT EVER FILED BANKRUPTCY? YES  NO

IF YES TO ANY, PLEASE EXPLAIN ON A SEPERATE SHEET OF PAPER

**SECTION III: ADDITIONAL OWNERS OR PARTNERS AS REQUIRED**

NAME: \_\_\_\_\_ SPOUSE NAME: \_\_\_\_\_

SS#: \_\_\_\_\_ SPOUSE SS#: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PERSONAL FINANCIALS (IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)**  
**STATEMENT OF ASSETS AND LIABILITIES AS OF**

ASSETS		LIABILITIES	
CASH IN BANK		NOTES PAYABLE TO BANKS	
CASH ON HAND		NOTES TO OTHERS (excl. of equipment)	
STOCKS AND BONDS		ACCOUNTS PAYABLE	
ACCOUNTS RECEIVABLE		FEDERAL & STATE INCOME TAX DUE	
NOTES RECEIVABLE		ALL OTHER TAXES	
INVENTORY		ACCRUALS, PAYROLLS, ETC.	
CASH VALUE LIFE INSURANCE			
EQUIPMENT		DUE ON EQUIPMENT	
REAL ESTATE		DUE ON REAL ESTATE	
OTHER ASSETS		OTHER LIABILITIES	
		CAPITAL STOCK (if a corporation)	
		SURPLUS AND UNDIVIDED PROFITS	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>Name of Owners</b>	<b>Name and Title of Officers</b>	<b>% OWNERSHIP IN COMPANY</b>	

COMPLETION OF THIS FORM CONSTITUTES PERMISSION FOR WORLDWIDE INSURANCE SPECIALISTS INC. TO OBTAIN CONSUMER INFORMATION WHICH WILL BE USED TO DETERMINE BONDING ELIGIBILITY. THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE  
 NO PREMIUM FINANCING WILL BE ACCEPTED AS PREMIUM IS EARNED IN FULL.

**Worldwide Insurance Specialists, Inc**  
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 Phoenix, AZ 85015

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**Local (602) 749-0702**  
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