### It is the responsibility of the permit applicant to complete all required steps below

# <u>Step 1:</u>

### APD /Property Enforcement

400 Roma Ave NW

(505) 768-2267

Submit new and renewal applications via electronically or by hard copy to Albuquerque Police Department (APD) Property Enforcement Unit. The application must include a complete list of all individuals employed at the specified business site location prior to APD's approval of the application. APD will conduct a background check on all individuals listed.

Mailing Address: APD/Organized Crime Unit, PO Box 1293, Albuquerque, NM, 87103-1293

#### <u>Step 2:</u> Zoning Enforcement

#### 600 2<sup>nd</sup> St NW, 1<sup>st</sup> Floor

(505) 924-3857

Upon approval from APD Property Enforcement the application will either be routed via electronically OR the hard copy must be submitted in person to the Planning Department/Zoning Enforcement for review. Proof of current business registration is required prior to Zoning Enforcement's approval of the application. Contact Zoning Enforcement on how to submit current proof of registration.

For new applicants, new locations and those who recently began to sell autos or trucks, a Zoning Enforcement Officer must determine if your business activity and location conform to the Integrated Development Ordinance (IDO). Pawn shops may not be located within 1 mile in any direction of a lot containing any other pawn shop. Contact Zoning Enforcement for more information.

\* A *Pawnbrokers* application <u>must</u> be used only if the establishment engages in the business of lending money on the deposit or pledge of personal property; the purchase of personal property with the expressed or implied agreement or understanding to sell it back at a stipulated price; or engaged in the business of purchasing items of gold, silver, platinum or other precious metals or gems and reselling the product (Precious Materials Dealers may/may not be applicable. Contact Planning Dept. for any questions).

If the establishment <u>does not</u> meet the defined criteria as described above, then use the Secondhand/Precious Material Dealers/Automated Kiosk application.

#### Step 3: City Clerk's Office

600 2<sup>nd</sup> St NW (7<sup>th</sup> Floor)

(505) 768-4546

Upon approval from APD/Property Enforcement Unit the application will either be routed via electronically OR the hard copy must be submitted in person to the City Clerk's Office.

Prior to City Clerk's approval of the application, the applicant must submit either by mail or in-person, an original bond in the amount of \$5,000.00. The bond must name the City of Albuquerque as "Obligee" and cover the term of the permit starting July 1<sup>st</sup> of the permit year and ending June 30<sup>th</sup> of the following year. The surety company must be qualified and licensed to do business in the State of New Mexico (*The original bond will be held on file with the City Clerk's Office*).

Mailing Address: City Clerk's Office, PO Box 1293, Albuquerque, NM 87103-1293

#### Step 4: Treasury Division

1 Civic Plaza, 10<sup>th</sup> Fl. Room 10111

(505) 768-2129

Once the application has the necessary approvals from each of the applicable City departments, a copy of the approved application along with a copy of the bond will be routed via electronically OR a hard copy must be submitted in person to the Treasury Division.

Remit payment of \$250.00 for the Pawnbroker's permit either online at: <u>www.tops.cabq.gov</u> or by mail. Contact Treasury for a new online account registration.

Mailing Address: Pawn Brokers Application- Treasury Division, PO Box 17, Albuquerque, NM 87103

# City of Albuquerque Treasury Division 1 Civic Plaza, 10<sup>th</sup> FL. Room 10111 ABQ, NM, 87103

## APPLICATION FOR PAWNBROKER PERMIT (Rev. 05/2023)

Business Name	DBA		Phon	e
Location Address		City	State	Zip Code
Mailing Address		City	State	Zip Code
Contact Name	Email		Phone	
Business Ownership: Individual	Partnership	Corporation (	If corporate name differs from bus	iness name, complete the following):
Current Business Registration Number:		Zoning Category:		
Business Registration Fee Current?		390 or go online t	tion is not current, contact Bus o <u>www.cabq.gov/planning/bu</u> or to approval of this applicatic	iness Registration at (505) 924- <u>siness-registration-information</u> . n.
Official Start Date of Business:		NM Gross Rece	ipts Tax Identification Numbe	er:
BUSINE	SS OWNER	(S) OR CORPOR	ATE OFFICER(S)	
Business Owner(s): (Name of individual, par	tners, or co	porate officers)		
Name	Pho	ne	Title	% Ownership
Address	City	,	State	Zip Code
Social Security Number/Tax ID Number	Date	of Birth	State of Birth	
	<u></u>			
Name	Pho	ne	Title	% Ownership
Address	City	,	State	Zip Code
Social Security Number/Tax ID Number	Date	of Birth	State of Birth	
Name	Pho	ne	Title	% Ownership
Address	City		State	Zip Code
Social Security Number/Tax ID Number	Date	of Birth	State of Birth	

Are there any other person(s) or agent(s) authorized to act on behalf of the business? 
YES\* NO

# If "YES", please fill out the required information below.

Name	Phone	Official Capacity	Extent of Authority
Address	City	State	Zip Code
Name	Phone	Official Capacity	Extent of Authority
Address	City	State	Zip Code
Describe the nature of your busines	ss operation.		
s your business involved in the receipt, tr Submit original notarized "Sale of Fire be downloaded at: <u>https://www.cabq.g</u> Does your business sell automobiles or tr Does your business have the required \$5 f "YES", what date does the bond expire:	earms from a Residential Zone" appl ov/planning/code-enforcement-zonin rucks? YES NO ,000 bond presently on file with the Cit	ng/code-enforcement-applic	ations-forms-handouts).
Submittal of an original bond in the ar must cover the entire duration of the i	mount of \$5,000 must be submitted		. The term of the bond
Please list the complete name and addres \$5,000 bond.	-	-	or will issue the required
Bonding Company Name	Phone Number	Agent	
Address	City	State	Zip Code
nsurance Company Name	Phone Number	Agent	
Address	City	State	Zip Code
Original bonds must be submitted to t NW, Ste. 720 Albuquerque, NM 87102.			ice is located at 600 2nd St

### **EMPLOYEE INFORMATION LIST**

BUSINESS NAME:			
Employee Name	Phone		
Address	City	State	Zip Code
Social Security Number/Tax ID Number	Date of Birth	State of Birth	
Employee Name	Phone		
Address	City	State	Zip Code
Social Security Number/Tax ID Number	Date of Birth	State of Birth	
Employee Name	Phone		
Address	City	State	Zip Code
Social Security Number//Tax ID Number	Date of Birth	State of Birth	
Employee Name	Phone		
Address	City	State	Zip Code
Social Security Number//Tax ID Number	Date of Birth	State of Birth	
Employee Name	Phone		
Address	City	State	Zip Code
Social Security Number//Tax ID Number	Date of Birth	State of Birth	
Employee Name	Phone		
Address	City	State	Zip Code
Social Security Number/Tax ID Number	Date of Birth	State of Birth	

My (our) signatures below attest that as owners (partners or corporate officers) under this ordinance, I (we) swear and affirm that all statements and representations made on this application, including those of all employees, are true and correct to the best of my (our) knowledge or belief. I (we) agree to notify the City Treasury Division in writing of any changes in ownership or business agents within ten business days. I (we) agree to comply with all regulations, ordinances, and statutes of the City of Albuquerque or State of New Mexico.

If my (our) pawnbroker business accepts firearms as security for loans, I (we) acknowledge that the employment of anyone with a felony conviction is a violation of (state statute) 30-7-16 NMSA 1978 (Receipt, Transportation, or Possession of Firearms by a Felon). I (we) further acknowledge that if my (our) pawnbroker business accepts firearms as security for loans, I (we) am not allowed to employ persons who have been convicted of felonies, nor may any owner, partner, or corporate officer have been convicted of a felony. If my (our) pawnbroker business accepts firearms as security for loans, I (we) acknowledge that the discovery that any employee, owner, partner, or corporate officer has been convicted of a felony will be sufficient grounds for revocation of my (our) pawnbroker permit.

"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."

Applicant Signature	Date	
	IENT (APD)/PROPERTY ENFORCEMENT U	JNIT
Received By:	Date	
APD/Rank	Date	
PLANNING DEPARTMENT/ZONII	IG ENFORCEMENT	
Received By:	Date	
Zoning Enforcement	Date	
CITY CLERK Received By:		
Necewer Dy	Date	
City Clerk	Date	

\*\* PLEASE REMIT PAYMENT OF <u>\$250.00</u>ONLINE (<u>tops.cabq.gov</u>), UPON APPROVAL OF THIS PAWNBROKER APPLICATION. \*\* CONTACT TREASURY DIVISION FOR NEW ACCOUNT REGISTRATION & FOR ANY ADDITIONAL QUESTIONS. (505) 768-2129 or <u>treasurypayment@cabq.gov</u>