

**Instructions for City of Albuquerque  
Second Hand Dealer/Precious Material Dealers/Automated Kiosks Application**

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

**Step 1:**

**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**

**Step 2:**

**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). Contact Zoning Enforcement for more information.

\* A *Pawnbrokers* application must 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 does not meet the defined criteria as described above, then proceed with the *Secondhand/Precious Material Dealers/Automated Kiosk* application.

**Step 3:**

**Treasury Division**

**1 Civic Plaza, 10th 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 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 Second Hand/Precious Materials permit either online at: [www.tops.cabq.gov](http://www.tops.cabq.gov) or by mail. Contact Treasury for a new online account registration.

**Mailing Address: Treasury Division  
Second Hand/Precious Material Dealers/Automated Kiosk Application  
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 SECOND HAND/PRECIOUS MATERIAL DEALERS/AUTOMATED KIOSKS PERMIT**

**Business Information**

Business Name \_\_\_\_\_ DBA \_\_\_\_\_ Phone \_\_\_\_\_

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 business name, complete the following):

**Current Business Registration Number:** \_\_\_\_\_ **Zoning Category:** \_\_\_\_\_

**Business Registration Fee Current?**  YES  NO

**\* If Business Registration is not current, contact Business Registration at (505) 924-3890 or go online to [www.cabq.gov/planning/business-registration-information](http://www.cabq.gov/planning/business-registration-information). Fee must be paid prior to approval of this application.**

**Official Start Date of Business:** \_\_\_\_\_ **NM Gross Receipts Tax Identification Number:** \_\_\_\_\_

**BUSINESS OWNER(S) OR CORPORATE OFFICER(S)**

**Business Owner(s): (Name of individual, partners, or corporate officers)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number/Tax ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number/Tax ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ 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 business operation.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your business involved in the receipt, transport or possession of firearms?  YES  NO

**(Submit original notarized "Sale of Firearms from a Residential Zone" application to the Planning Dept. if applicable. Application can be downloaded at: <https://www.cabq.gov/planning/code-enforcement-zoning/code-enforcement-applications-forms-handouts>).**

Does your business sell automobiles or trucks?  YES  NO

Select all that apply:

**Covered Secondhand Goods**

- Consumer Electronics
- Firearms
- Jewelry
- Musical Instruments and Equipment
- Sporting Goods, or
- Tools, including Power Tools
- \*Precious Metals
- \*Precious Stones

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## EMPLOYEE INFORMATION LIST

BUSINESS NAME: \_\_\_\_\_

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|                                      |               |                |          |
|--------------------------------------|---------------|----------------|----------|
| Employee Name                        | Phone         |                |          |
| Address                              | City          | State          | Zip Code |
| Social Security Number/Tax ID Number | Date of Birth | State of Birth |          |

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|                                      |               |                |          |
|--------------------------------------|---------------|----------------|----------|
| Employee Name                        | Phone         |                |          |
| Address                              | City          | State          | Zip Code |
| Social Security Number/Tax ID Number | Date of Birth | State of Birth |          |

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|                                       |               |                |          |
|---------------------------------------|---------------|----------------|----------|
| Employee Name                         | Phone         |                |          |
| Address                               | City          | State          | Zip Code |
| Social Security Number//Tax ID Number | Date of Birth | State of Birth |          |

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|                                       |               |                |          |
|---------------------------------------|---------------|----------------|----------|
| Employee Name                         | Phone         |                |          |
| Address                               | City          | State          | Zip Code |
| Social Security Number//Tax ID Number | Date of Birth | State of Birth |          |

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|                                       |               |                |          |
|---------------------------------------|---------------|----------------|----------|
| Employee Name                         | Phone         |                |          |
| Address                               | City          | State          | Zip Code |
| Social Security Number//Tax ID Number | Date of Birth | State of Birth |          |

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|                                      |               |                |          |
|--------------------------------------|---------------|----------------|----------|
| 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) business is involved in the receipt, transport or possession of firearms, I (we) acknowledge that I (we) am (are) 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, and 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).

If my (our) business receives, transports or possesses firearms, 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) 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

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**ALBUQUERQUE POLICE DEPARTMENT (APD)/PROPERTY ENFORCEMENT UNIT**

Received By: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
APD/Rank

\_\_\_\_\_  
Date

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**PLANNING DEPARTMENT/ZONING ENFORCEMENT**

Received By: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zoning Enforcement

\_\_\_\_\_  
Date

**\*\* PLEASE REMIT PAYMENT OF \$250.00 ONLINE ([tops.cabq.gov](https://tops.cabq.gov)), UPON APPROVAL OF THIS \*\*  
**SECOND HAND DEALERS/PRECIOUS MATERIAL DEALERS/AUTOMATED KIOSK APPLICATION.**  
**CONTACT TREASURY DIVISION FOR NEW ACCOUNT REGISTRATION & FOR ANY ADDITIONAL QUESTIONS.**  
**(505) 768-2129 or [treasurypayment@cabq.gov](mailto:treasurypayment@cabq.gov)****