



GROWTH MANAGEMENT DEPARTMENT
201 SE 3rd Street (Second Floor), OCALA, FL 34471
Email: building@ocalafl.org; (352) 629-8421

City of Ocala

APPLICATION FOR PAWN BROKER / SECOND HAND DEALER LICENSE

APPLICATION FEE \$ 50.00

I HEREBY APPLY FOR A LICENSE TO OPERATE A (CIRCLE ONE):

PAWN SHOP

SECOND HAND DEALER

NAME OF APPLICANT _____

NAME OF BUSINESS _____

LOCATION _____

MAILING ADDRESS _____

E-MAIL ADDRESS _____

DATE OF BIRTH _____

BUSINESS # _____ HOME # _____

*SECOND HAND DEALERS MUST REGISTER WITH DEPT OF REVENUE

*PAWN BROKERS MUST REGISTER WITH DEPT OF AGRICULTURE & PRODUCE SURETY BOND WITH STATE OF FL

FDLE Background Check Required

Provide a Florida Department of Law Enforcement Criminal History Information Report. Applicant can obtain online at your own cost.



Available at www.fdle.state.fl.us (Criminal History Records-My Florida Private Eye), or call 850-410-8109



City of Ocala Records Check for City License



APPLICATION TYPE: _____ DATE RECEIVED: _____

I.	P E R S O N A L	Name: _____ D.O.B. _____ Race: _____ Sex: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Place of Birth: _____ SS No: _____ DL State: _____ DL No: _____ Employer: _____ Address: _____ Employer Phone: _____																											
II.	R E C O R D S	Warrants (FCIC/NCIC) <input type="checkbox"/> No Disqualifying Record <input type="checkbox"/> Disqualifying Record																											
		 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Case#</th> <th style="width: 15%;">Date</th> <th style="width: 40%;">Charges</th> <th style="width: 30%;">Disposition</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Case#	Date	Charges	Disposition																						
Case#	Date	Charges	Disposition																										
III.	B.G.I.	Investigative Results: _____ Background Investigator's Signature: _____																											
IV.	Admin:	<table style="width: 100%;"> <tr> <td style="width: 15%; text-align: center;">Approved</td> <td style="width: 15%; text-align: center;">Remarks:</td> <td colspan="3">_____</td> </tr> <tr> <td style="text-align: center;">Denied</td> <td style="text-align: center;">Signature:</td> <td colspan="3">_____</td> </tr> </table>				Approved	Remarks:	_____			Denied	Signature:	_____																
Approved	Remarks:	_____																											
Denied	Signature:	_____																											

**GROWTH MANAGEMENT DEPARTMENT • 201 SE 3RD STREET • OCALA, FLORIDA 34471
(352) 629-8421 • www.ocalafl.org**

ALL PREVIOUS EDITIONS ARE OBSOLETE

Revised: 05/01/2019

COLLECTION OF YOUR SOCIAL SECURITY NUMBER

The City of Ocala Police Department may have collected your social security number. Collection of your social security number was:

_____Mandatory – Pursuant to driver’s license or motor vehicle registration laws, arrests/searches under warrants, investigations of missing persons, investigations/returns of firearms.

_____Voluntary

If we have mandated disclosure of your social security number, we have done so under the authority of Chapters 901 or 933 (relating to arrest or search warrant), Chapter 937 (missing persons) or Chapter 790 (investigations/return of firearms), Florida Statutes. Our purposes in collecting, and our intended uses of, your social security number is to facilitate, ensure or enable:

1. Accuracy in our identification of you
2. The proper crime is charged
3. Effectiveness in our police practices
4. Our ability to protect the health and safety of persons
5. Participation in mandatory federal programs such as income, SS and Medicare

Reason _____
Name/ID # of OPD Member Collecting SSN _____