

SECONDHAND JEWELRY DEALER PERMIT APPLICATION

Governed by Lincoln Municipal Code Chapter [5.42](#)

Please PRINT using blue or black ink.

OWNER'S INFORMATION			
NAME:			
STREET ADDRESS:			
CITY:		STATE:	
ZIP:		PHONE #:	
EMAIL ADDRESS:			

STORE INFORMATION			
NAME:			
STREET ADDRESS:			
CITY:		STATE:	
ZIP:		PHONE #:	
EMAIL ADDRESS:			

MAILING ADDRESS FOR CORRESPONDENCE, ETC.					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	

TYPE OF PERMIT - PLEASE CHECK ONE :	
<input type="checkbox"/> Established Dealer (permanent location)	<input type="checkbox"/> Itinerant (Temporary) Dealer

ITINERANT DEALERS - PLEASE GIVE DATES BUSINESS WILL BE CONDUCTED IN LINCOLN, NE:	
From: _____	To: _____

IS APPLICANT ONE OF THE FOLLOWING - PLEASE CHECK ONE :		
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation

IF A CORPORATION, PLEASE PROVIDE THE STATE IN WHICH YOU WERE INCORPORATED:	
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ARE YOU DOING BUSINESS FOR ANY PERSON, FIRM OR CORPORATION: _____ YES _____ NO

If **YES**, credentials authorizing you to act as such representative **MUST BE ATTACHED**.

NAME(S) UNDER WHICH THE APPLICANT HAS CONDUCTED OR INTENDS TO CONDUCT BUSINESS:

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ITINERANT DEALERS - LOCATION WHERE BUSINESS WILL BE CONDUCTED IN LINCOLN:

BUSINESS NAME:		STREET ADDRESS:	
ZIP:		PHONE #:	
CONTACT PERSON:		EMAIL ADDRESS:	

BUSINESS HOURS:

DAY	OPEN	CLOSE	DAY	OPEN	CLOSE	DAY	OPEN	CLOSE
Monday			Thursday			Sunday		
Tuesday			Friday					
Wed.			Saturday					

HAVE YOU CONDUCTED AN ITINERANT BUSINESS ELSEWHERE WITHIN THE LAST SIX (6) MONTHS:

_____ Yes _____ No
 If **Yes**, please list the nature & give the **exact** address where business has been conducted:

NATURE	P.O. BOX / STREET ADDRESS	CITY	STATE

STATE NATURE & CHARACTER OF ADVERTISING PROPOSED TO BE DONE IN ORDER TO ATTRACT CUSTOMERS. INCLUDE THE NAMES OF THE MEDIA:

LIST OF PRINCIPAL(S), AGENT(S) & ALL EMPLOYEE(S) & THEIR PERMANENT ADDRESSES
For Itinerant Dealers - Please list ALL employees who will be assisting with event. Use separate sheet, if necessary.

PERMANENT ADDRESS
(Include City, State & Zip)

NAME:			
STREET ADDRESS:			
CITY:			
STATE		ZIP:	
CAPACITY:		PHONE:	
NAME:			
STREET ADDRESS:			
CITY:			
STATE		ZIP:	
CAPACITY:		PHONE:	
NAME:			
STREET ADDRESS:			
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STATE		ZIP:	
CAPACITY:		PHONE:	
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STATE		ZIP:	
CAPACITY:		PHONE:	
NAME:			
STREET ADDRESS:			
CITY:			
STATE		ZIP:	
CAPACITY:		PHONE:	

LIST OF PRINCIPAL(S), AGENT(S) & ALL EMPLOYEE(S) & THEIR LOCAL ADDRESSES
For Itinerant Dealers - Please list ALL employees who will be assisting with event. Use separate sheet, if necessary.

LOCAL ADDRESS
(Include City, State & Zip)

NAME:			
STREET ADDRESS:			
CITY:			
STATE		ZIP:	
CAPACITY:		PHONE:	
NAME:			
STREET ADDRESS:			
CITY:			
STATE		ZIP:	
CAPACITY:		PHONE:	
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STATE		ZIP:	
CAPACITY:		PHONE:	
NAME:			
STREET ADDRESS:			
CITY:			
STATE		ZIP:	
CAPACITY:		PHONE:	

HAVE ANY OF THE PRINCIPALS, AGENTS OR EMPLOYEES OF THE BUSINESS BEEN CONVICTED OF ANY CRIME INVOLVING MORAL TURPITUDE? Yes _____ No _____
 If **YES**, list name(s) of person, nature of offense, where it occurred & punishment assessed (*use separate sheet of paper if necessary*):

NAME	NATURE OF OFFENSE	CITY & STATE OF WHERE IT OCCURRED	PUNISHMENT ASSESSED

ATTACHMENTS

The following items *must* be ATTACHED to the application or it will be returned as DENIED. Please put a Check (✓) mark next to those items you have attached.

ITEM	ATTACHED
Permit Fee of \$25, check made payable to City of Lincoln	
\$5,000 Surety Bond from a corporate surety licensed to do business in Nebraska	
Application must be signed by the owner or their designated representative. If signed by designated representative, Credentials must be attached proving their authority to apply for the permit.	

Signed this _____ day of _____, 20_____.

_____ Applicant

_____ Legal Capacity

REVIEWING ACTION - OFFICE USE ONLY

DEPARTMENT	APPROVED / DENIED	SIGNATURE	DATE
Bureau of Fire Prevention:			
Police Dept. - Marie Mathine:			
Building & Safety Dept.:			

COMMENTS
