



Dear Osage Beach Business Owner:

An application for your City of Osage Beach Pawn Shop License is attached. Please complete the following steps when applying for a 'new' license or 'renewing' your current license.

- Complete or edit your application, making any necessary changes.
- **Make sure your alternate contact information is complete, (name and phone). In case of an emergency the police department may need to contact this individual.**
- If this is a **NEW** license, please include a copy of your State of Missouri Retail Sales Tax License. This document should also reflect that your business is registered within the city limits of Osage Beach. (RENEWAL licenses are not required to provide this information.)
- Include a 'No Tax Due Certificate' from the Missouri Department of Revenue. You may contact the department by calling 573-751-9268.
- Include proof of General Liability Insurance in the amount of five hundred thousand dollars (\$500,000).
- Submission of a Surety Bond in the amount of five thousand dollars (\$5,000).
- Include proof of assets of at least fifty thousand dollars (\$50,000) readily available for use in conducting business as a pawn shop for each licensed pawn shop.
- Include a background check performed by the Missouri Highway Patrol on each owner, partner, officer, shareholder, director and employee.
- Include your \$100.00 annual fee. Checks may be made payable to the City of Osage Beach.
- For **NEW** Pawn Shop License, include \$500.00 investigative fee. Checks may be made payable to the City of Osage Beach.
- Mail your completed application, retail sales tax license, no tax due certificate, proof of insurance, Surety Bond, proof of assets, background check and payment to:

City of Osage Beach  
Attn: City Clerk  
1000 City Parkway  
Osage Beach, MO 65065

Incomplete applications *will be returned* so please answer all questions. If a question is not applicable, please indicate 'n/a'. If you need assistance in completing the application, please call the City Clerk's office at 573/302-2000, ext. 1020, or ext. 1021, and we will be happy to assist you.

Sincerely,

Tara Berreth, City Clerk

Enc.

Pawn Shop License # \_\_\_\_\_

Date Submitted	Department	Initial & Date
_____	Police Dept.	_____
_____	Sewer Dept.	_____
_____	Planning/Zoning	_____
_____	Building Dept.	_____
_____	Treasurer	_____



**CITY OF OSAGE BEACH  
PAWN SHOP LICENSE APPLICATION**

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Business Name \_\_\_\_\_ Business Phone # \_\_\_\_\_

Please Indicate Ownership Status:       Individual       Partnership       Corporation       LLC

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Business Street Address/Location \_\_\_\_\_

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Business Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

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Owner Name \_\_\_\_\_ Owner Phone # \_\_\_\_\_

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Owner Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Name of Manager/Emergency Contact Person \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

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Please Describe Business in Detail \_\_\_\_\_

***NOTICE: Pursuant to Missouri public records laws, the City of Osage Beach will make available to the public any/all information provided as requested.***

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Missouri Retail Sales Tax Identification # \_\_\_\_\_ Federal Tax Identification # \_\_\_\_\_

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*\* All Pawn Shop Licenses Expire on April 30th \*\*\*\***

**There is a fee of \$ 100.00 for this license. Any license that remains unpaid thirty days after it becomes due and payable shall be subject to a penalty of 5% of the amount due on the license with an additional 5% for each additional month or fraction thereof, not to exceed 25% in the aggregate.**

\*The issuance of a 'License' shall not be construed as a waiver of any further requirements under the Ordinances of the City of Osage Beach.\*

City of Osage Beach  
Attn: City Clerk's Office  
1000 City Parkway  
Osage Beach, MO 65065  
Phone: 573/302-2000 / Fax: 573/302-2039  
[www.osagebeach-mo.gov](http://www.osagebeach-mo.gov)

**A) Personal Information:**

Application of:    Owner    Partner or each member of LLC    Officer, Director & Shareholder    Employee

1) Name: \_\_\_\_\_ Sex \_\_\_\_\_  
*(List maiden name if female applicant)*

2) Current address: \_\_\_\_\_ How long: \_\_\_\_\_

3) Mailing address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

4) List addresses for past 2 years: \_\_\_\_\_

5) Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

6) Driver's license No.: \_\_\_\_\_ State of issue: \_\_\_\_\_

**7) Please list (2) persons of good moral character who may be used as character references**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please complete this page for each officer and/or member of your corporation/partnership and each employee**