

Tax and Licensing Division
15151 E. Alameda Parkway, Ste. 5700
Aurora, Colorado 80012
303.739.7800



**SECONDHAND DEALER
SUPPLEMENTAL LICENSE APPLICATION**

LEGAL NAME: _____

TRADE NAME: _____

LOCATION ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

OWNER NAME: _____ OWNER EMAIL: _____

LOCATION PHONE NUMBER: _____ ALTERNATIVE PHONE NUMBER: _____

APPLICANT SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

ADDITIONAL INFORMATION:

- A record of each purchase or trade must be delivered electronically to the police department.
- There will be a charge for the electronic transmission.

Please contact Ms. Nicole Kromarek, Administrative Specialist, at 303.739.6089 or through email at nkromare@auroragov.org for assistance in setting up the electronic data transmission.

FOR CITY USE ONLY

LICENSE ISSUANCE NOTIFICATION TO APD-PAWN: _____ DATE: _____

LICENSING OFFICER SIGNATURE: _____ DATE: _____