

APPLICATION FOR ORIGINAL LICENSE



Alabama Pawnshop Act
State Banking Department
P. O. Box 4600
Montgomery, Alabama 36103-4600
www.banking.alabama.gov

For Department Use Only	
Lic #:	_____ ID#: _____
Only 597:	_____ Also 359: _____
Lic \$:	_____ Inv \$: _____
Issue Date:	_____

TO THE STATE BANKING DEPARTMENT, STATE OF ALABAMA:

Application is hereby made to engage in the business as a pawnbroker pursuant to Act 92-597.

Business Name: _____

D/B/A (if different): _____

- Applicant is a(n):
- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Alabama Business Corporation | <input type="checkbox"/> Alabama Limited Liability Company | |
| <input type="checkbox"/> Alabama Limited Liability Partnership | <input type="checkbox"/> Alabama Limited Partnership | |
| <input type="checkbox"/> Foreign Business Corporation | <input type="checkbox"/> Foreign Limited Liability Company | |
| <input type="checkbox"/> Foreign Limited Liability Partnership | <input type="checkbox"/> Foreign Limited Partnership | |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Non-Profit |

PHYSICAL LOCATION: Street: _____

County: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

DEPARTMENT CORRESPONDENCE SHOULD BE DIRECTED TO:

Name: _____ Phone: _____

Address -- Street/PO Box: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

COMPLETE THE FOLLOWING FOR EACH OWNER, MEMBER, OFFICER AND DIRECTOR AS APPLICABLE:

Name: _____ Title: _____ Ownership %: _____

Residence Address: _____

Business Address: _____

Name: _____ Title: _____ Ownership %: _____

Residence Address: _____

Business Address: _____

Name: _____ Title: _____ Ownership %: _____

Residence Address: _____

Business Address: _____

Name: _____ Title: _____ Ownership %: _____

Residence Address: _____

Business Address: _____

(Continue on attachment if necessary)

Has the Applicant or any of its owners, members, directors, officers or any beneficial owner been convicted of a felony within the last 10 years? Yes: No:

If yes, please explain:

Has the Applicant or any of its owners, members, directors or officers had a pawnshop license denied, revoked or suspended by any government agency? Yes: No:

If yes, please explain and list which state(s)?

BANK REFERENCES:

<u>Name of Bank</u>	<u>Address</u>	<u>Contact Person</u>	<u>Title</u>	<u>Phone</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

BUSINESS OR PERSONAL TRADE REFERENCES:

<u>Name of Company</u>	<u>Address</u>	<u>Contact Person</u>	<u>Title</u>	<u>Phone</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Does the Applicant operate other pawnshop locations in Alabama or any other state? Yes: No:

If yes, complete the following:

<u>Name of State</u>	<u>Trade Name</u>	<u>Date Originally Licensed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Continue on attachment if necessary)

Who should we contact regarding licensing?

Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Fax #: _____
Email address: _____

Who should we contact regarding examinations?

Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Fax #: _____
Email address: _____

Who should we contact regarding complaints?

Name: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone #: _____ Fax #: _____
 Email address: _____

THE FOLLOWING **MUST** ACCOMPANY THIS APPLICATION OR YOUR APPLICATION WILL BE RETURNED:

- ATTACHMENT 1. A summary of the education and experience of each owner, member, director and officer.
- ATTACHMENT 2. A certified copy of the Applicant's Articles of Incorporation and By-Laws, partnership agreement, or Articles of Organization. If Applicant is an out-of-state company, also attach a Certificate of Authority issued by the Alabama Secretary of State.
- ATTACHMENT 3. A true copy of the Applicant's pawn ticket and any other documents used in the pawnshop business.
- ATTACHMENT 4. A properly executed Department of Public Safety "Release Form".
- ATTACHMENT 5. A properly executed State Banking Department "Credit Report Release Form".
- ATTACHMENT 6. A statement of other business, if any, which Applicant proposes to conduct from the same location.
- ATTACHMENT 7. A certified check for \$50 for the investigation fee and a separate certified check for \$100 for the annual license fee, made payable to the STATE BANKING DEPARTMENT.

AFFIDAVIT

I, _____, the undersigned, being the _____
 [Officer (Title), Partner or Owner]
 of _____

swear (or affirm) to the best of my knowledge and belief that the statements contained in this application are true and complete.
 I understand that inaccurate responses may be grounds for denial or revocation of this license.

This _____ day of _____, 20_____.

 Signature

Sworn and subscribed to before me this
 _____ day of _____, A. D. 20_____.

 Notary Public