

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: _____

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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 and complete (front and back) copy of the Applicant's pawn ticket and any other documents used in the pawnshop business.
- ATTACHMENT 4. A properly executed ALEA "Application To Review Alabama Criminal History Record Information". Include a front and back copy of your valid photo identification card and a completed FBI-Application Fingerprint card for each owner, member, director, and officer, as applicable.
- ATTACHMENT 5. A properly executed State Banking Department "Credit Report Release Form" for each owner, member, director, and officer, as applicable.
- ATTACHMENT 6. A statement of any business which Applicant proposes to conduct from the same location. If no other business will be conducted, a statement stating no other business will be conducted.
- 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