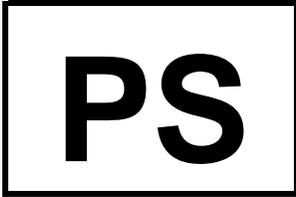


# APPLICATION FOR ORIGINAL LICENSE



Alabama Pawnshop Act  
State Banking Department  
401 Adams Avenue, Suite 680  
Montgomery, Alabama 36130

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.

APPLICANT: \_\_\_\_\_

D/B/A (if different): \_\_\_\_\_

Applicant is a Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Other \_\_\_\_\_  
(Identify)

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, explain on separate sheet.

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, 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)

**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" (enclosed).
- ATTACHMENT 5. A properly executed State Banking Department "Credit Report Release Form" (enclosed).
- 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