



TEXAS OFFICE OF CONSUMER CREDIT COMMISSIONER

2601 N Lamar Blvd
 Austin, TX 78705
 Phone: 512.936.7600
 Fax: 512.936.7610
 licensing@occc.texas.gov

Credit Access Business Branch Application (90 Days)

If the applicant indicated on the "Application for License" that business is conducted with consumers through branch offices or other locations, **AND** it has been less than 90 days since you received a new or transferred license, the applicant must complete this form to apply for additional branch licenses. **YOU MUST ATTACH THE "CREDIT ACCESS BUSINESS THIRD-PARTY LENDER ORGANIZATIONS (CAB12)" TO THIS APPLICATION FORM.**

If it has been more than 90 days since you received a new or transferred license, you must complete an "Application for License (ADM10)". You will not need to resubmit any information that is already on file with the agency.

_____ Entity Name or Name of Owner/Sole Proprietor _____ Operating Name (d/b/a) _____ Individual Responsible for Day-to-Day Operations _____ Title of Individual Responsible for Day-to-Day Operations _____ Email Address of Individual Responsible for Day-to-Day Operations _____ Location Address _____ _____ City State Zip Code County Location Phone Number Location Fax Number	FOR OFFICE USE ONLY Entity License No. _____ Transfer License No. _____ <input type="checkbox"/> Active License <input type="checkbox"/> Inactive License Primary Business Designator <i>(Please select one)</i> <input type="checkbox"/> Payday Loans <input type="checkbox"/> Auto Title Loans <input type="checkbox"/> Payday & Auto Title Loans
---	---

_____ Entity Name or Name of Owner/Sole Proprietor _____ Operating Name (d/b/a) _____ Individual Responsible for Day-to-Day Operations _____ Title of Individual Responsible for Day-to-Day Operations _____ Email Address of Individual Responsible for Day-to-Day Operations _____ Location Address _____ _____ City State Zip Code County Location Phone Number Location Fax Number	FOR OFFICE USE ONLY Entity License No. _____ Transfer License No. _____ <input type="checkbox"/> Active License <input type="checkbox"/> Inactive License Primary Business Designator <i>(Please select one)</i> <input type="checkbox"/> Payday Loans <input type="checkbox"/> Auto Title Loans <input type="checkbox"/> Payday & Auto Title Loans
---	---

The Office of Consumer Credit Commissioner obtains information from this form and certain third-party sources. With few exceptions, you may review and correct the information we collect. To find out more about the information we collect or to make an open records request, contact our Public Information Officer at 512-936-7622 or public.information@occc.texas.gov.

Branch Location Fees	Fee	Qty	Total
Assessment for Active Licenses:	\$600 X	_____	= _____
Assessment for Inactive Licenses:	\$250 X	_____	= _____
Texas Financial Education Endowment:	\$200 X	_____	= _____
Total Amount Due			_____

This form must be completed by an authorized individual, as defined by the Texas Administrative Code §83.3002(1)(A)(iii).

Pay the "Total Amount Due" for new branch locations sought.

Each new location is assessed a \$200 fee for the Texas Financial Education Endowment.

Checks and money orders are payable to the Office of Consumer Credit Commissioner. Cash payments are not accepted.

Licensee Information

Master File Number _____

The numbers preceding the hyphen in your license number: XXXX - xxxxxx

FEIN (Federal Employment Identification Number), or
SSN (Social Security Number) of Owner/Sole Proprietor

Entity Name or Name of Owner/Sole Proprietor

Mailing Address

Operating Name (d/b/a)

City State Zip Code

Individual to Contact Regarding This Application Title

Business Phone Number Fax Number Email Address

Application Fees (if more than four checks are submitted, provide a list of each check number, amount of each check, and a total of all amounts)

Check Number	Check Amount	Check Number	Check Amount	Date Paid	Amount Paid
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Paid by Credit Card

Authorized Individual Information and Consent

- I swear or affirm that I have voluntarily executed this form and:
- (1) have read and understand the terms and instructions on this form;
 - (2) all answers made in the application are true, correct, and complete and are made for the purpose of securing the license(s) indicated herein;
 - (3) the applicant is of good moral character, good business repute, and possesses the character and general fitness necessary to warrant belief that the applicant will operate the business lawfully and fairly within the provisions of the Texas Finance Code.
 - (4) I understand that I am subject to administrative, civil, or criminal penalties if I give false or misleading answers;
 - (5) I understand that false or materially incomplete answers are grounds for denial;
 - (6) I have read and understand applicable federal and state laws, and will be in compliance with those laws at all times;
 - (7) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis; and
 - (8) No action, fact, or information has changed that would have required a materially different answer than that given in the last new or transferred license application

Full Name of Authorized Individual Title Phone Number