



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

Application for License

Regulated Industry

TEXAS OFFICE OF CONSUMER
CREDIT COMMISSIONER

Ownership Structure	License Status (License will be:)	Application Type
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CHECKLISTS AND INSTRUCTIONS FOR COMPLETING APPLICATIONS ARE PROVIDED ON THE OCCC WEBSITE. ENSURE YOU READ ALL CHECKLISTS, INSTRUCTIONS, AND ADMINISTRATIVE RULES BEFORE COMPLETING AND SUBMITTING YOUR APPLICATION.

Section 1: Identifying Information

Entity Name or Name of Owner/Sole Proprietor

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

Operating Name (d/b/a)

Is the applicant seeking a *credit access business license* or *motor vehicle sales finance license*, and does the applicant conduct business with consumers through branch offices or other business locations?

Master File (required fields) Transfer License Number

Yes No

Mailing Address

If "Yes", complete the appropriate form below for each location:

CAB10 - Branch location (for Credit Access Business license applications)
 No. of Branch Locations for this Application

City State Zip Code

MV-61 - Registered Offices (for Motor Vehicle Sales Finance license applications)
 No. Registered Offices for this Application

Location Address

Location Phone Number

City State Zip Code County

Location Fax Number

Website Address

Name of Location Manager

Section 2: Main Office Contact Information

Contact Information for Application

Compliance Officer

Name

Name

Title

Title

Email Address

Email Address

Business Phone Number

Business Phone Number

Fax Number

Fax Number

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Disclosure of Owners and Principal Parties

Proprietorships: Include spouses with community property interest.

Limited Partnerships, Corporations, & Other Entities: Provide ownership information as required by:

- 7 TAC, §83.302 (Regulated Lenders),
- 7 TAC, §84.602 (Motor Vehicle Sales Finance),
- 7 TAC, §85.202 (Pawn Shops), or
- 7 TAC, §89.302 (Property Tax Lender)

General Partnerships: Provide names of all general partners regardless of percentage of ownership

If additional space is needed, attach a document identifying all required information noted below.

Owners: Proprietors, Partners, Members or Stockholders

Name	% of Ownership	Name	% of Ownership
Name	% of Ownership	Name	% of Ownership
Name	% of Ownership	Name	% of Ownership
Name	% of Ownership	Name	% of Ownership

Principal Parties

Officers

President	Vice President	Secretary
Treasurer	Other	Other

Directors

Name	Name	Name
Name	Name	Name
Name	Name	Name

Other Principal Parties (Members, Managers, Etc)

Name	Name	Name
Name	Name	Name

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Application Questionnaire

If the answer to any of the below questions is "YES", provide a summary of each event or proceeding and copies of relevant documents as an attachment.

Entity Name or Name of Owner/Sole Proprietor _____

Operating Name (d/b/a) _____

	YES	NO
(A) Has the entity or control affiliate ever:		
1) been convicted of or pled guilty or <i>nolo contendere</i> ("no contest") to a felony in a domestic, foreign, or military court; or	<input type="checkbox"/>	<input type="checkbox"/>
2) been charged with any felony?	<input type="checkbox"/>	<input type="checkbox"/>
(B1) During the past ten (10) years, has the entity or control affiliate been convicted of or pled guilty or <i>nolo contendere</i> in a domestic, foreign, or military court to committing or conspiring to commit a misdemeanor involving: financial services or a financial services related business, fraud, false statements, theft or wrongful taking of property, bribery, perjury, forgery, counterfeiting, or extortion?	<input type="checkbox"/>	<input type="checkbox"/>
(B2) Are there pending charges against the entity or a control affiliate for a misdemeanor specified in (B1)?	<input type="checkbox"/>	<input type="checkbox"/>
(C) In the past ten (10) years, has any state, federal, or foreign regulatory agency ever:		
1) found the entity or a control affiliate to have made a false statement or omission or been dishonest, unfair, or unethical;	<input type="checkbox"/>	<input type="checkbox"/>
2) found the entity or a control affiliate to have been involved in a violation of a financial services related regulation(s) or statute(s);	<input type="checkbox"/>	<input type="checkbox"/>
3) found the entity or a control affiliate to have been the cause of a financial services related business having its authorization to do business denied, suspended, revoked or restricted;	<input type="checkbox"/>	<input type="checkbox"/>
4) entered an order against the entity or control affiliate in connection with a financial services related activity; or,	<input type="checkbox"/>	<input type="checkbox"/>
5) denied, suspended, or revoked the entity's or a control affiliate's registration or license or otherwise, by order, prevented it from associating with a financial services related business or restricted its activities?	<input type="checkbox"/>	<input type="checkbox"/>
(D) Has the entity's or a control affiliate's authorization to act as an attorney, accountant, or state or federal contractor ever been revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
(E) Is the entity or a control affiliate now the subject of any regulatory proceeding that could result in a "yes" answer to any part of Section C(4)?	<input type="checkbox"/>	<input type="checkbox"/>
(F1) Has any domestic or foreign court in the past ten (10) years:		
a) enjoined the entity or control affiliate in connection with any financial services related activity;	<input type="checkbox"/>	<input type="checkbox"/>
b) found the entity or a control affiliate to be in violation of any financial services related statute(s) or regulation(s); or	<input type="checkbox"/>	<input type="checkbox"/>
c) dismissed, pursuant to a settlement agreement, a financial services related civil action brought against the applicant or control affiliate by a state or foreign financial regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
(F2) Is the entity or a control affiliate named in any pending financial services related civil action that could result in a "yes" answer to any part of (F1)?	<input type="checkbox"/>	<input type="checkbox"/>
(G) Has a bonding company ever denied, paid out on, or revoked a bond for the entity?	<input type="checkbox"/>	<input type="checkbox"/>
(H) Does the entity have any unsatisfied judgments or liens against it?	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are to be answered by Pawnshop License Applicants only.

(I) If applicant intends to deal in firearms, has applicant applied for or obtained a Federal Firearms License?	<input type="checkbox"/>	<input type="checkbox"/>
(J) Within what municipal jurisdiction is the shop to be located?		

(K) If the application is for a new pawnshop license, provide the straight-line distance from the proposed location to the nearest operating pawnshop.
(Be exact)



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Appointment of Statutory Agent and Consent to Service

The address provided for the statutory (registered) agency MUST be an address within the state of Texas. If the statutory (registered) agent is a natural person, the physical address provided for that individual must be different than that of the licensed location.

Entity Name or Name of Owner/Sole Proprietor _____

Operating Name (d/b/a) _____

The undersigned, being an applicant for or a holder of a:

- Regulated Loan License under the provisions of TEX. FIN. CODE Section 342.001, *et. seq.*
- Pawnshop License under the provisions of TEX. FIN. CODE Section 371.001, *et. seq.*
- Property Tax Loan License under the provisions of TEX. FIN. CODE Section 351.001, *et. seq.*
- Motor Vehicle Sales Finance License under the provisions of TEX. FIN. CODE Section 348.001, *et. seq.*
- Credit Access Business License under the provisions of TEX. FIN. Code Section 393.001, *et. seq.*
- Commercial Motor Vehicle License under the provisions of TEX. FIN. Code Section 353.001, *et. seq.*
- Debt Management Registration under the provisions of TEX. FIN. Code Section 394.001, *et. seq.*

does hereby appoint the following agent upon whom may be served all judicial and other process or legal notice directed to this applicant.

Name of Agent _____

who is a resident of the State of Texas and the County of _____ at _____

Agent Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

In case of the agent's death, disqualification, legal disability, or removal from the state, service of all judicial and other process of legal notice may be made upon the Consumer Credit Commissioner, State of Texas.

Signature of Owner, Officer, or Director

Printed Name

Title

Date

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Statement of Experience

Information provided below should relate to the applicant's prior experience in the operation of a business or conducting transactions related to the regulated industry for which a license is being sought.

If the applicant or its principal parties have no significant experience in the operation of a business or conducting transactions related to the regulated industry for which a license is being sought, the applicant must provide a written statement explaining applicant's:

- relevant business experience or education,
- opinion as to why the commissioner should find that the applicant has the requisite experience, and
- plans on how the applicant will obtain the necessary knowledge to conduct business transactions lawfully and fairly.

Entity Name or Name of Owner/Sole Proprietor

Operating Name (d/b/a)

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Business Operation Plan

Motor Vehicle Sales Finance Commercial Motor Vehicle

Entity Name or Name of Owner/Sole Proprietor

Operating Name (d/b/a)

The applicant must attach a brief narrative to the application explaining

- an estimate of how many motor vehicles will be financed by the applicant each year,
- whether the applicant will hold the retail installment contracts or whether the applicant will assign its retail installment contracts
- whether the applicant will only be accepting contracts from another entity (assignor), and if so, list the types of entities; and
- whether the collections will occur at the licensed location.

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Motor Vehicle Sales Finance Application and License Fees

Enter the appropriate information below to calculate fees and assessments due. Payment will be made online by credit or debit card or ACH payment. Cash payments will not be accepted.

NO FEES OR ASSESSMENTS ARE DUE IF CANCELING OR SURRENDERING A LICENSE.

Fees for New License Applications

Table with 4 columns: Fee Name, Amount, Multiplier (X), and Equals sign (=). Rows include Investigation Fee (\$200), Assessment Fee: Each Licensed Location (\$460), Assessment Fee: Registered Office* (\$430), Investigation Fee: Registered Office* (\$25), and Total Amount Due.

For each new license application, you must enter ' 1 ' in the quantity field for this line item.

Fees for License Transfers

Table with 4 columns: Fee Name, Amount, Multiplier (X), and Equals sign (=). Rows include Investigation Fee (\$200) and Investigation Fee: Registered Office* (\$25), followed by Total Amount Due.

For each license transfer application, you must enter ' 1 ' in the quantity field for this line item.

Grand Total Due

*Do I have a Registered Office?

Table with 3 columns: Question, Yes, and No. Questions: 'Do you have more than one location that originates, services, or collects on retail installment contracts?' and 'Do you use more than one assumed name at a single location?'.

If you answered 'Yes' to either of these questions, you will be required to pay Assessment and Investigation Fees for Registered Offices.

If you have a registered office, your main office location will be designated as the Licensed Location. The primary motor vehicle sales finance license will be issued to this location.

All other locations will be considered Registered Offices and will be issued separate and individual registered office licenses. If more than one assumed name is used at a single location, separate and individual registered office licenses will be issued for each assumed name.



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Personal Affidavit

Each principal party is identified in the "Application for License" or "Disclosure of Principal Parties (ADM 11)" must complete and file this form in its entirety. If space is insufficient for any answer, attach a document containing a complete answer.

Three input boxes for First Name, Middle Name (full), and Last Name.

First Name Middle Name (full) Last Name

Other names used (alias): [input box]

Mailing Address [input box]

Mailing Address

City: [input box] State: [input box] Zip Code: [input box]

Email address: [input box] Phone Number: ([input box]) [input box]

SSN [input box] Date of Birth [input box] Current Marital Status: [checkbox] Unmarried [checkbox] Married [checkbox] Separated Sex: [checkbox] Male [checkbox] Female

Licensee or Applicant Name:

The undersigned affirms that all answers on the personal affidavit, employment history, personal questionnaire and in any accompany statement of facts are true and complete.

Signature of Individual [input box] Typed/Printed Full Name of Individual [input box]

WARNING: The TEX. PENAL CODE, Sec. 37.10 provides that providing false information to a governmental agency may be a third-degree felony offense punishable by not more than ten (10) years in prison or nor more than one (1) year in a community correctional facility. In addition to imprisonment, a fine of up to \$10,000 may also be imposed.

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Procedures for obtaining a copy of FBI criminal history record are set forth in Title 26, Code of Federal Regulations (CFR), Section 16.30 through 16.33, or go to the FBI website at http://www.fbi.gov/about-us/cjis/background-checks.



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Print Form

Personal Questionnaire

First Name	Middle Name (Full)	Last Name
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FALSE OR MATERIALLY INCOMPLETE ANSWERS ARE GROUNDS FOR DENIAL

1. Are you familiar with the statutes and regulations applicable to the business to be licensed? Yes No
If you answer "no" to this question, provide a statement explaining why you gave this answer and how you intend to comply with the applicable laws.

IF YOU ANSWER "YES" TO ANY OF THE BELOW QUESTIONS, ATTACH A FULL STATEMENT OF THE FACTS REQUIRING THE "YES" ANSWER

2. The next three (3) questions seek information related to both misdemeanors and felonies. If you answer "Yes" to any of the below, you must provide a **full statement of facts** regarding the incident - even if a lawyer, judge, or other person told you that there would be no record of your arrest - unless you have a legal document on which a judge ordered information about you to be removed from police files and court files (expungement). (ATTACH YOUR STATEMENT AND COPIES OF RECORDS SHOWING DISPOSITION OF ANY ARRESTS).
- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| a. Have you ever been arrested? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you every been charged, indicted, OR convicted regarding a violation of any law? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you have any outstanding warrants for your arrest? | <input type="checkbox"/> | <input type="checkbox"/> |
3. Have you ever had an affiliation with any pawnshop, loan, or finance business other than listed on your Personal Affidavit or Employment History?
4. Have you ever had any affiliation with:
- | | | |
|--|--------------------------|--------------------------|
| a. a business that was refused a license, withdrew application to avoid refusal, or had its license or permit suspended, cancelled, or revoked? <i>If "Yes", attach copies of final actions.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. any organization that was the subject of bankruptcy, insolvency, or receivership? <i>If "Yes", attach copies of final actions.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
5. Have you:
- | | | |
|---|--------------------------|--------------------------|
| a. held any professional or occupational licenses within the last ten (10) years?
<i>Exclude licenses issued by the Department of Motor Vehicles: GDN or Franchise</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ever had any type of professional or occupational license denied, disapproved, suspended, cancelled or revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
6. Have you ever been a defendant in a civil court action or administrative proceeding other than divorce or personal injury?
7. Have you ever made a compromise with creditors, taken bankruptcy, or pled the statute of limitations?
8. Are there any unpaid judgments outstanding against you?

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Statement of Records

Provide a statement as to where records of transactions subject to regulation by the State of Texas will be maintained. If these records will be maintained at a location outside the state of Texas, the applicant must acknowledge responsibility for payment of all travel costs associated with examinations in addition to the assessment fee, or make all records available for examination within the state of Texas.

Entity Name or Name of Owner/Sole Proprietor

Operating Name (d/b/a)

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Print Form

Statement Regarding Previous Motor Vehicle Retail Installment Transactions

Entity Name or Name of Owner/Sole Proprietor

Operating Name (d/b/a)

All questions must be answered

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has the applicant made any retail installment contracts before submitting this application? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the applicant sold vehicles for multiple payments before submitting this application? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the applicant assigned, transferred, purchased, acquired, or received any retail installment contracts before submitting this application? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the applicant collected on any retail installment contracts or collected the price of a vehicle in multiple payments before submitting this application? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the applicant placed any liens on titles before submitting this application? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "yes" to any of the questions above, provide the following:

- | | | |
|--|---|--|
| <p>A. Submit a list of all retail installment contracts made, a list of all vehicles sold for multiple payments, and a list of all accounts collected during this time.</p> <p>Each list should include:</p> <p>the name of the buyer,
contract date,
vehicle cash price,
amount of down payment,
net trade-in amount,
total amount financed,
payment frequency (monthly, semi-monthly, bi-weekly, weekly), total number of payments, and payment amount(s).</p> | <p>B. From the list you provide, submit copies of ten (10) complete files.</p> <p>A complete file includes, but is not limited to:</p> <p>the buyer's order,
signed retail installment contract,
payment history,
certificate of title, title application receipt (white slip), and other documents related to the transaction.</p> <p>If there are fewer than ten (10) accounts, provide a complete copy of each file.</p> | <p>C. The date when the first contract was made, assigned, transferred, purchased, acquired, or otherwise received:</p> <p style="text-align: right;">_____</p> <p>D. Number of contracts financed since the date provided in (C).</p> <p style="text-align: right;">_____</p> |
|--|---|--|

The undersigned affirms that all answers made in the Statement Regarding Previous Installment Transactions and in all supporting schedules and exhibits are true, correct, and complete. The Office of Consumer Credit Commissioner may conduct an on-site examination to review the information provided.

FALSE OR MATERIALLY INCOMPLETE ANSWERS ARE GROUNDS FOR DENIAL.

Signature

Title

Date

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