Print Form

OCCC
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

Pawnshop Application Checklist

Checklist for New Applications

Below is a checklist designed to assist you in compiling and submitting required documents for a new pawnshop license application. Ensure all required and applicable documents are submitted with the application package.

The OCCC processes completed application packages in the order in which they were received. The OCCC may request additional information to fully process application materials in accordance with statute and administrative rules. An application package is not considered complete until all required documents and supporting materials are received by the agency.

It is recommended that the applicant review Chapter 371 of the Texas Finance Code and Chapter 85, Subchapter A of the Texas Administrative Code prior to completing the application materials.

REQUIRED DOCUMENTS FOR ALL APPLICANTS

- ☐ Application for License (ADM10)
- ☐ Statutory Agent Disclosure (ADM13)
- ☐ Statement of Experience (ADM23)
- ☐ Financial Statement (ADM17 or Current Balance Sheet)
- ☐ Supporting Financial Information (ADM18 &ADM19)
- ☐ Map displaying desired pawnshop location and locations of existing pawnshops within a 3 mile radius.
- ☐ Verification of zoning for desired pawshop location
- ☐ Lease or proof of ownership of the property
- ☐ Proof of general liability and fire insurance
- ☐ Proof of filing an assumed name (d/b/a), if appilcable
- ☐ Payment of Fees (PWN12)

Each Principal Party must submit the following:

- ☐ Personal Affidavit (ADM14)
- ☐ Personal Employment History (ADM15)
- ☐ Personal Questionnaire (ADM16)
- ☐ Electronic Fingerprints*

*Fingerprint Submission

All principals identified in the Application for License (ADM10) are required to provide fingerprints electronically.

The OCCC will issue fingerprint authorization forms, including instructions on how to provide electronic fingerprints and current fees, to the principal party or applicant after an initial review of the application package has been conducted.

Applicants and Principal Parties should not send fingerprints prior to receiving this authorization. Payment of fees for fingerprint processing will be made directly to the third-party vendor.

ADDITIONAL REQUIREMENTS: CORPORATIONS

- ☐ Certificate of Good Standing with Texas Comptroller of Public Accounts
- ☐ Most Recent Quarterly & Annual Reports *(Publicly-Held Corporations Only)*
- ☐ Certificate of Authority to Operate in Texas *(Foreign Corporations Only)*
- ☐ Articles of Incorporation
- ☐ Corporate Bylaws
- ☐ If parent corporation is sole or part owner, narrative describing each level of ownership and management, up to natural person (not another entity)
- ☐ Minutes of corporate meetings recording the selection of all current officers and directors, the appointment of the statutory agent, and other pertinent items.

ADDITIONAL REQUIREMENTS: LIMITED LIABILTY COMPANIES

- ☐ Certificate of Authority to Operate in Texas *(Foreign Companies Only)*
- ☐ Articles of Organization
- ☐ Operating Agreement
- ☐ Minutes of members appointing the statutory agent and electing the management names in the operating agreement.

ADDITIONAL REQUIREMENTS: PARTNERSHIPS

- ☐ Partnership Agreement, signed and dated by all partners
- ☐ Certificate of Authority to Operate in Texas *(Foreign Limited Partnerships Only)*
- ☐ Articles of Partnership, as filed with Texas Secretary of State *(Limited Partnerships Only)*
- ☐ Financial Statement or Current Balance Sheet of each partner *(General Partnerships Only)*

ADDITIONAL REQUIREMENTS: TRUSTS

- ☐ Copy of the instrument that created the Trust, and Trust Agreement

ADDITIONAL REQUIREMENTS: ESTATES

- ☐ Copy of the instrument that established the estate

ADDITIONAL REQUIREMENTS: FOREIGN ENTITY

- ☐ Statement of Recordkeeping (ADM22)

Keep copies of all documents submitted to the OCCC	Mail completed applications and payments to: Office of Consumer Credit Commissioner 2601 N. Lamar Blvd Austin TX 78705-4207

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Application for License

Regulated Industry

Ownership Structure _____ License Status (License will be:) _____ Application Type _____

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) _____

_____ - _____
Transfer License Number(if applicable)

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?

☐ Yes ☐ No

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

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

Mailing Address _____

City _____ State Texas Zip Code _____

Location Address _____

City _____ State Texas Zip Code _____ County _____

Website Address _____

Location Phone Number _____

Location Fax Number _____

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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Section 3: Owners and Principal Parties

Proprietorships: Include spouses with community property interest.

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

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)

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

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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Section 4: Disclosure Questions

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.

	YES	NO
(A) Has the entity or control affiliate ever:		
1) been convicted of or pled guilty or *nolo contendre* ("no contest") to a felony in a domestic, foreign, or military court; or	☐	☐
2) been charged with any felony?	☐	☐
(B1) During the past ten (10) years, has the entity or control affiliate been convicted of or pled guilty or *nolo contendre* 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?	☐	☐
(B2) Are there pending charges against the entity or a control affiliate for a misdemeanor specified in (B1)?	☐	☐
(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;	☐	☐
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);	☐	☐
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;	☐	☐
4) entered an order against the entity or control affiliate in connection with a financial services related activity; or,	☐	☐
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?	☐	☐
(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?	☐	☐
(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)?	☐	☐
(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;	☐	☐
b) found the entity or a control affiliate to be in violation of any financial services related statute(s) or regulation(s); or	☐	☐
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?	☐	☐
(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)?	☐	☐
(G) Has a bonding company ever denied, paid out on, or revoked a bond for the entity?	☐	☐
(H) Does the entity have any unsatisfied judgments or liens against it?	☐	☐
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?	☐	☐

(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)*

_____

The undersigned affirms that all answers made in the application for license, disclosure of owners and principal parties, application questionnaire and disclosure questions, and in all supporting schedules and exhibits are true, correct, and complete and are made for the purpose of securing the license(s) indicated here. 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. FALSE OR MATERIALLY INCOMPLETE ANSWERS ARE GROUNDS FOR DENIAL.

Signature	Title	Date	Signature	Title	Date

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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 Texas Zip Code _____

Phone Number _____ Fax Number _____

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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Financial Statement

Entity Name or Name of Owner/Sole Proprietor (as identified in License Application) _____

Individual's Name _____ Financial condition as of: _____

Financial condition cannot be dated any earlier than
90 days preceding the application date for Credit Access Businesses, or
60 days preceding the application date for all other regulated industries
Partners' statements must all reflect the same date.
Complete and attach Schedules 1 - 6 to this form (with the exception of Motor Vehicle Sales Finance Appplicants)
Attach a separate statement if space is insufficient for full disclosure.

ASSETS		LIABILITIES & NET WORTH	
BUSINESS ASSETS		LIABILITIES	
Cash in Banks & Other Depositories (Sch 1)		Loans Payable to Fin. Institutions-Secured (Sch 6)	
Cash on Hand		Loans Payable to Fin. Institutions-Unsecured (Sch 6)	
Pawn Loans Receivable (Excl Fin. Chgs) (Sch 2)		Line of Credit - Drawn (Sch 6)	
Other Loans & Accounts Receivable Less Reserve for Bad Debts (Sch 2)		Loans Payable to Relatives (Sch 6)	
Stocks & Bonds (Sch 4)		Loans Payable to Others (Sch 6)	
Real Estate (Sch 5)		Retail Accounts Payable - Personal	
Automobiles & Trucks No. of Vehicles _____		Accounts Payable - Business	
Other Assets (Describe Fully)		Mortgage Loans Payable, Homestead (Schs 5 & 6)	
Total Business Assets (See Note 1)	$ 0.00	Mortgage Loans Payable, Other (Schs 5 & 6)	
PERSONAL ASSETS (Sole Proprietors & Partners Only)		Unpaid Income Taxes	
Cash in Banks & Other Depositories (Sch 1)		Other Unpaid Taxes - Business	
Cash Value Life Insurance, Net (Sch 3)		Other Unpaid Taxes - Personal	
Stocks & Bonds (Sch 4)		Unearned Charges on Receivables	
Automobiles &Trucks, Exempt No. of Vehicles _____		Provision for Fed Income Tax on Unrealized Gain on Appreciated Property	
Household Goods/Other Exempt Personal Property		Other Liabilities (Describe Fully)	
Other Assets (Describe Fully)		TOTAL LIABILITIES	$ 0.00
Total Personal Assets (See Note 2)	$ 0.00	NET WORTH (Assets minus Liabilities)	
		TOTAL LIABILITIES AND NET WORTH	
		CONTINGENT LIABILITIES As Endorser or Co-Maker	
		On Leases or Contracts	
		Legal Claims	
		Other Special Debt	

Note 1: Business assets must be reported at the lower of original cost or current market value. If pawnshop inventory is essential to your meeting the net asset requirement, you must attach a list of those items.

Note 2: If you have listed any appreciated assets at their current market value (e.g. stocks & bonds), you must report a Provision for Federal Income Taxes on the unrealized gain on those assets.

The undersigned affirms that information in the Personal Financial Statement and Supporting Financial information (Schedules 1 - 6) has been carefully reviewed and is true, correct, complete and in accordance with GAAP (General Accepted Accounting Principles) standards. FALSE OR MATERIALLY INCOMPLETE ANSWERS ARE GROUNDS FOR DENIAL.

Signature _____ Date _____

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Supporting Financial Information

Schedules 1 - 3

To be submitted with "Financial Statement (ADM17)"

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

First Name _____ Middle Name (Full) _____ Last Name _____

As of Date: *Must match "As of" date on ADM17* _____

Entity Name or Name of Owner/Sole Proprietor (as identified in Application for LIcense) _____

Sched. 1: Cash on Deposit

Exact Name & Mailing Address of Bank or Other Depository	Account Name Account No.	Account Type	Amount	Any Restrictions on Withdrawal

Sched. 2: Accounts, Loans, & Notes Receivable

Description	Principal Amount	Security	Term	Acquisition Date	Rate of Fin. Charge	Delinquency Rate

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Sched. 3: Life Insurance

Name of Insured _____ Policy Type _____

Name of Beneficiary _____ Face Amount _____

Name of Insurance Co. _____ Cash Surrender Value _____

No. of Loans Against This Policy _____ Amt of Yearly Premium _____ Policy Assigned? ☐ Yes ☐ No

Name of Insured _____ Policy Type _____

Name of Beneficiary _____ Face Amount _____

Name of Insurance Co. _____ Cash Surrender Value _____

No. of Loans Against This Policy _____ Amt of Yearly Premium _____ Policy Assigned? ☐ Yes ☐ No

Name of Insured _____ Policy Type _____

Name of Beneficiary _____ Face Amount _____

Name of Insurance Co. _____ Cash Surrender Value _____

No. of Loans Against This Policy _____ Amt of Yearly Premium _____ Policy Assigned? ☐ Yes ☐ No

Name of Insured _____ Policy Type _____

Name of Beneficiary _____ Face Amount _____

Name of Insurance Co. _____ Cash Surrender Value _____

No. of Loans Against This Policy _____ Amt of Yearly Premium _____ Policy Assigned? ☐ Yes ☐ No

Name of Insured _____ Policy Type _____

Name of Beneficiary _____ Face Amount _____

Name of Insurance Co. _____ Cash Surrender Value _____

No. of Loans Against This Policy _____ Amt of Yearly Premium _____ Policy Assigned? ☐ Yes ☐ No

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Supporting Financial Information

Schedules 4 - 6

To be submitted with "Financial Statement (ADM17)"

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

First Name _____ Middle Name (Full) _____ Last Name _____

As of Date: _____
Must match "As of" date on ADM17

Entity Name or Name of Owner/Sole Proprietor (as identified in Application for LIcense) _____

Sched. 4: Stocks and Bonds

Description; Name of Corp; No of Shares; and Nature of Business	Location	Par Value	Orginal Cost (Total)	Total Value at Current Market	Publicly Traded (Y/N)	Date Last Dividend or Interest

Sched. 5: Real Estate

Description and Location	Nature of Improvement	Original Cost	Valuation Current Market	Appraisal District Valuation	Lien (Y/N)	Name on Title

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Sched. 6: Loans Payable, Mortgages, and Other Debts

Exact Name and Mailing Address of Creditor	Description of Collateral	Original Principal	Payment Frequency	Payment Amount	Balance Due

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Pawnshop Application and License Fees

Enter the appropriate information below to calculate fees and assessments due.
Payment may be made by check or money order. *Cash payments will not be accepted.*

Pay by Check or Money Order
Make Check or Money Order Payable to:
Office of Consumer Credit Commissioner

Mail completed materials and application to:
Office of Consumer Credit Commissioner
2601 N Lamar Blvd
Austin, TX 78705-4207

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

Fees for New License Applications

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

Investigation Fee: First New Entity	$500	X	_____	= $ 0
Investigation Fee: Each Additional Application for Existing Licensed Entity	$250	X	_____	= $ 0
Assessment for Each License Sought	$625	X	0	= $ 0
Total Amount Due				$ 0

Fees for License Transfers

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

Investigation Fee: First License Transfer to New Entity	$500	X	_____	= $ 0
Investigation Fee: Each Additional Transfer to Existing Licensed Entity	$250	X	_____	= $ 0
Total Amount Due				$ 0

Fees for Relocation of Pawn Shop

Investigation Fee: County population > 250,000	$250	X	_____	= $ 0
Investigation Fee: County population < 250,000	$25	X	_____	= $ 0
Total Amount Due				$ 0

Fees for License Activiation, License Inactivation, or Amendment to License

License Activation Fee , per license License Inactivation Fee, per license Amendment Fee, per license	$25	X	_____	= $ 0
Grand Total Due				$ 0

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Personal Affidavit

Each principal party as identified in the "Application for License (ADM10)" or "Disclosure of Principal Parties (ADM11)" must complete and file this form. If space is insufficient for any answer, attach a document containing a complete answer.

First Name _____ Middle Name (Full) _____ Last Name _____

Other Names Used (Alias) _____

Mailing Address _____

City _____ State _____ Zip Code _____

SSN _____ Date of Birth _____

Current Marital Status ☐ Unmarried ☐ Married ☐ Separated

Sex (Gender) ☐ Male ☐ Female

Licensee or Applicant Name _____

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

Signature of Individual _____ Full Name of Individual (Typed or Printed) _____

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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Personal Employment History

First Name	Middle Name (Full)	Last Name

Provide a **continous** record of business association for the last ten (10) years, beginning with the present date.
Note: *Account for all time spent as a student, unemployed, retired, etc. A resume may be submitted in lieu of this form.*

Dates Employed	Company Name and Address	Position and Duties
Month Year From _____ _____ To Present Present		
Dates Employed	**Company Name and Address**	**Position and Duties**
Month Year From _____ _____ To _____ _____		
Dates Employed	**Company Name and Address**	**Position and Duties**
Month Year From _____ _____ To _____ _____		
Dates Employed	**Company Name and Address**	**Position and Duties**
Month Year From _____ _____ To _____ _____		
Dates Employed	**Company Name and Address**	**Position and Duties**
Month Year From _____ _____ To _____ _____		
Dates Employed	**Company Name and Address**	**Position and Duties**
Month Year From _____ _____ To _____ _____		

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Personal Questionnaire

First Name _____ Middle Name (Full) _____ Last Name _____

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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?	☐	☐
b. Have you every been charged, indicted, OR convicted regarding a violation of any law?	☐	☐
c. Do you have any outstanding warrants for your arrest?	☐	☐
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? *If "Yes", attach copies of final actions.*	☐	☐
b. any organization that was the subject of bankruptcy, insolvency, or receivership? *If "Yes", attach copies of final actions.*	☐	☐
5. Have you:		
a. held any professional or occupational licenses within the last ten (10) years? *Exclude licenses issued by the Department of Motor Vehicles: GDN or Franchise*	☐	☐
b. ever had any type of professional or occupational license denied, disapproved, suspended, cancelled or revoked?	☐	☐
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?	☐	☐

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.state.tx.us.

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.

OCCC
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

Print Form

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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