

Checklist for New Regulated Lender Applications

If any of the applicable listed items are missing, the application may be returned. Additional information may be required. If the applicant is currently licensed and filing an application for a branch office, refer to 7 TAC § 83.302(3) for required filings. **Review the administrative rules (7 TAC §§ 83.301-83.311) for specific instructions regarding the filings listed below.**

All Applicants Must Supply:

- Fees: Please see Application Fee Worksheet.
- Completed Application (ADM 10a)-*One form per location*
- Application Questionnaire (ADM 10b)
- Disclosure of Owners and Principal Parties (ADM 11)
- Statutory Agent Disclosure (ADM 13)
- Personal Affidavit (ADM 15a)-for each principal party
- Personal Questionnaire (ADM 16)-for each principal party
- Employment History (ADM 15b)-for each principal party
- Fingerprints electronically for each principal party, if not already on file with this office. Authorization to have fingerprints taken will be sent to the applicant after the application is received.
- Financial Statement: **Refer to §83.302(1)(I) for filing requirements**
- Loan documents and other relevant business forms that will be used in the business
- Statement of experience
- Statement of business operating plan, refer to §83.302(2)(C)
- Foreign Companies: Statement indicating location of corporate records and records of Texas loan transactions; acknowledgment of responsibility for OCCC examination-related travel costs (or agreement to make all records available for examination in Texas)
- Assumed Name: If applicable, provide proof that the assumed name has been filed with the county clerk (proprietors and general partnerships) or the Texas Secretary of State (corporations, limited liability companies, and limited partnerships)

Corporations Must Supply:

- Articles of Incorporation and any amendments
- Corporate Bylaws
- Publicly held corporations: the most recent quarterly and annual reports
- Minutes of corporate meetings recording the election of all current officers and directors, the appointment of the statutory agent, and other pertinent items
- If parent corporation is sole or part owner: narrative describing each level of ownership and management
- Certificate of good standing from the Texas Comptroller of Public Accounts
- Foreign companies: certificate of authority to operate in Texas

Limited Liability Companies Must Supply:

- Articles of Organization
- Operating Agreement of Members
- Certificate of good standing from Texas Comptroller of Public Accounts
- Minutes of members appointing statutory agent and electing the management named in operating agreement

Partnerships Must Supply:

- All Partnerships:** partnership agreement signed and dated by all partners
- Limited Partnerships:** Articles of Partnership filed with the Secretary of State
- Foreign LPs:** certificate of authority to operate in Texas

Mail or deliver your application to: 2601 N. Lamar Blvd. Austin, TX 78705-4207.

Make checks payable to: Office of Consumer Credit Commissioner

Please call for an appointment if you wish to deliver an application in person.



Application Fee Worksheet For Regulated Loan Licenses



Payment must be in the form of a check or money order. Cash payments will not be accepted. Make check or money order payable to Office of Consumer Credit Commissioner.

New Licenses:

| | | | | | |
|--|-------|---|-------------------|---|-------------------|
| Flat fee for investigation: | \$200 | x | <u>1</u> | = | \$200 |
| Assessment for each active license sought: | \$600 | x | <u> </u> | = | <u> </u> |
| Assessment for each inactive license sought: | \$250 | x | <u> </u> | = | <u> </u> |
| Total Amount Due: | | | | | <u> </u> |

License Transfers:

| | | | | | |
|----------------------------|-------|---|-------------------|---|-------------------|
| Flat fee for investigation | \$200 | x | <u> </u> | = | <u> </u> |
| Total Amount Due: | | | | | <u> </u> |

Fingerprint Process: Fingerprints will be required for all principals on the application. After the application is received, an authorization for electronic fingerprint processing will be sent.

exceptions, you may review and correct the information we collect. To be informed about the information we collect or to make an open records request, contact our Public Information Officer at 512-936-7639 or info@occc.state.tx.us.



APPLICATION QUESTIONNAIRE

1. Has applicant or any affiliate operated a credit business in Texas or any other state? *(If yes, attach a description.)* Yes No

2. Does applicant currently:
 - A. Operate as a creditor in the state of Texas? *(If yes, attach a description of transactions.)* Yes No
 - B. Operate credit granting business in states other than Texas? *(If yes, attach a list of all states in which applicant currently operates and any licenses applicant may hold in these states.)* Yes No
 - C. Have other locations that will not be licensed? *(If yes, attach a list of these locations.)* Yes No

3. Does applicant currently hold or has applicant ever held a license or permit issued by any agency from the State of Texas? *(If yes, provide identification numbers, status, type, and the name of the issuing agency.)* Yes No

4. Has applicant or any affiliate ever been:
 - A. Denied a license or permit, or had a license or permit revoked? *(If yes, provide a description and attach relevant documents.)* Yes No
 - B. Subject to an administrative action by a regulatory agency? *(If yes, provide a description and attach relevant documents.)* Yes No
 - C. Held liable for fraud or knowing misrepresentation? *(If yes, provide a description and attach relevant documents.)* Yes No
 - D. Found guilty of any crime? *(If yes, provide a description and attach relevant documents.)* Yes No
 - E. Subject of bankruptcy or receivership? *(If yes, provide a description and attach relevant documents.)* Yes No

5. How does applicant intend to fund credit operations? _____

Following to be answered by pawnshop license applicants only:

6. If applicant intends to deal in firearms, has applicant applied for or obtained a Federal Firearms License? Yes No
7. Within what municipal jurisdiction is the shop to be located? _____
8. If 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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DISCLOSURE OF OWNERS AND PRINCIPAL PARTIES

OWNER(S) Proprietors, Partners, Members or Shareholders

(List complete ownership percentages. Proprietors, include spouses with community property interest. Provide the names of all general partners regardless of the percentage of ownership. As applicable to the type of license being applied for, all stockholders, members, and limited partners must be listed as required by 7 TAC §83.302 (Regulated Lender), §84.602 (Motor Vehicle), §85.202 (Pawnshop), and §89.302 (Property Tax). If an owner is a legal entity and not a natural person, a narrative or diagram must be included that describes each level of ownership.)

| | | | |
|-------|---|-------|---|
| _____ | % | _____ | % |
| _____ | % | _____ | % |
| _____ | % | _____ | % |
| _____ | % | _____ | % |
| _____ | % | _____ | % |

OFFICERS (List must be in compliance with organizational documents)

President _____ Vice President _____

Secretary _____ Treasurer _____

Other (Specify) _____

DIRECTORS (List must be in compliance with organizational documents)

OTHER PRINCIPAL PARTIES (Trustee, Administrator or Corporate Designees)

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**APPOINTMENT OF STATUTORY AGENT
AND CONSENT TO SERVICE**

Name of Applicant

Operating Name (DBA)

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

- Regulated Loan License under the provisions of TEX. FIN. CODE § 342.001 *et seq.*
- Pawnshop License under the provisions of TEX. FIN. CODE § 371.001 *et seq.*
- Property Tax Loan License under the provisions of TEX. FIN. CODE § 351.001 *et seq.*
- Motor Vehicle Sales Finance License under the provisions of TEX. FIN. CODE § 348.001 *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* *Zip*

Agent Phone: (_____) _____ *Fax:* (_____) _____

In the case of death, removal from the State, or legal disability or disqualifications of the agent, service of all judicial and other processes 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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EMPLOYMENT HISTORY

Provide a continuous record of business association for the last ten (10) years, ending with the most recent.

Note: Account for time spent as student, unemployed, retired, etc. A resume may be submitted in lieu of this form.

Name _____

First

Middle

Last

| DATES EMPLOYED | | | COMPANY NAME AND ADDRESS | POSITION AND DUTIES |
|----------------|-------|------|--------------------------|---------------------|
| | MONTH | YEAR | | |
| FROM | | | | |
| TO | | | | |
| | MONTH | YEAR | | |
| FROM | | | | |
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| | MONTH | YEAR | | |

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PERSONAL QUESTIONNAIRE

NAME _____
First Middle Last

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? _____
(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 ANY QUESTION BELOW HAS BEEN ANSWERED "YES," ATTACH A FULL STATEMENT OF THE FACTS REQUIRING THE "YES" ANSWER.

2. The next three (3) questions ask about both misdemeanors and felonies. You can leave out minor traffic tickets but must tell us about major traffic arrests such as driving under the influence of alcohol or drugs. You must provide a **full statement of facts**, 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 be taken out of police files and court files (expungement). (ATTACH COPIES OF RECORDS SHOWING DISPOSITION OF ANY ARRESTS.)
- A. Have you ever been arrested? _____
- B. Have you ever 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 any 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? _____ (Attach copies of final actions.)
- B. Any organization that was the subject of bankruptcy, insolvency or receivership? _____ (Attach copies of final actions.)
5. Have you:
- A. Held any professional or occupational licenses within the last ten (10) years? _____
(Excluding licenses issued by the Department of Motor Vehicles: GDN or Franchise)
- B. Ever had any type of professional or occupational license denied, 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 pleaded the Statute of Limitations? _____
8. Are there any unpaid judgments outstanding against you? _____

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PERSONAL FINANCIAL STATEMENT
(To be submitted by Sole Proprietors and Partners)

Name: _____ Financial Condition As Of: _____, 20_____

Trade Name of Applicant: _____

(Dated no earlier than 60 days preceding application. Partners' statements must all have the same date.)

Complete and attach Schedules 1-6

Attach separate statement if space is insufficient for full disclosure.

| ASSETS | | LIABILITIES AND NET WORTH | |
|--|-----------|--|----|
| BUSINESS ASSETS | | LIABILITIES | |
| Cash in Banks and 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. all fin. chgs.) (Sch. 2) | | Line of Credit (Drawn) (Sch. 6) | |
| Pawnshop (merchandise) Inventory | | Loans Payable to Relatives (Sch. 6) | |
| Other Loans and Accounts Receivable Less Reserve for Bad Debts (Sch. 2) | | Loans Payable to Others (Sch. 6) | |
| Stocks and Bonds (Sch. 4) | | Retail Accounts Payable - Personal | |
| Real Estate (Sch. 5) | | Accounts Payable - Business | |
| Automobiles and Trucks Number: | | Mortgage Loan Payable, Homestead (Sch. 5 & 6) | |
| Other Assets (Describe fully) | | Mortgage Loan Payable, Other (Sch. 5 & 6) | |
| Total Business Assets (See Note 1) | \$ | Unpaid Income Taxes | |
| PERSONAL ASSETS | | Other Unpaid Taxes - Business | |
| Cash in Banks and Other Depositories | \$ | Other Unpaid Taxes - Personal | |
| Cash Value Life Insurance, Net (Sch. 3) | \$ | Unearned Charges on Receivables | |
| Stocks and Bonds (Sch. 4) | | Provision for Federal Income Tax on Unrealized Gain on Appreciated Property | |
| Real Estate, Homestead (Sch. 5) | | Other Liabilities (Describe fully) | |
| Automobiles and Trucks, Exempt Number: | | TOTAL LIABILITIES | \$ |
| Household Goods/Other Exempt Personal Prop. | | NET WORTH (Assets minus liabilities) | |
| Other Assets (Describe fully) | | TOTAL LIABILITIES AND NET WORTH | \$ |
| Total Personal Assets | \$ | | |
| TOTAL ASSETS (SEE NOTE 2) | \$ | | |

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.

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

| CONTINGENT LIABILITIES | |
|-------------------------|--|
| As endorser or co-maker | |
| On Leases or Contracts | |
| Legal Claims | |
| Other Special Debt | |

The undersigned affirms that the information in the Personal Financial Statement and Supporting Financial Information (Schedules 1-6) have been carefully reviewed and is true, correct, and complete.

Signed: _____ Date: _____

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SUPPORTING FINANCIAL INFORMATION
Schedules 1-3

(To be submitted by all license applicants and dated the same date as the financial statement.)

Name: _____ Trade Name of Applicant: _____

As of: _____ (date)

NO. 1 CASH ON DEPOSIT.

| Exact Name \$ Mailing Address of Bank or Other Depository | Account Name Acct No. | Acct. Type | Amount | Any restrictions on Withdrawal |
|---|--------------------------|------------|--------|--------------------------------------|
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NO. 2 ACCOUNTS, LOANS AND NOTES RECEIVABLE.

| Description | Principal Amount | Security | Term | Acquisition Date | Rate of Fin. Chg. | Delinquency Rate |
|-------------|---------------------|----------|------|---------------------|----------------------|---------------------|
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NO. 3 LIFE INSURANCE.

| Name of Insured | Name of Beneficiary | Name of Insurance Company | Type of Policy | Face Amount | Total Cash Surr. Value | Total Loans Against Policy | Amount of Yearly Premium | Is Policy Assigned |
|-----------------------|---------------------------|---------------------------------|----------------------|----------------|---------------------------------|-------------------------------------|--------------------------------|--------------------------|
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SUPPORTING FINANCIAL INFORMATION
Schedules 4-6

NO. 4 STOCKS AND BONDS.

| Description; Name of Corp; No. of Shares; Nature of Business | Location | Par Value | Orig. Cost (Total) | Total Value at Current Market | Publicly Traded | Date Last Dividend or Int. |
|---|----------|-----------|--------------------------|--|--------------------|----------------------------------|
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NO. 5 REAL ESTATE

| Description Location | Nature of Improvement | Original Cost | Valuation Current Market | Appraisal District Valuation | Lien Y/N (See Sch. 6) | Title in Whose Name |
|-------------------------|--------------------------|------------------|--------------------------------|------------------------------------|-----------------------------|------------------------|
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NO. 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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I affirm that the information in the Supporting Financial Information (Schedules 1-6) and any attachments are true, correct, and complete.

Signed _____ Date _____

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