



STATE OF OKLAHOMA
DEPARTMENT OF CONSUMER CREDIT

NOTICE

The State of Oklahoma passed an immigration bill known as House Bill 1804, the Oklahoma Taxpayer and Citizen Protection Act of 2007. This bill went into effect on November 1, 2007.

One of the provisions of the bill is the requirement that all natural persons, including Sole Proprietorships, obtaining a license from all State Agencies must show lawful presence in the United States.

Attached are two affidavits (each person will choose one of these to sign):

- If you are a United States citizen, you will sign Form 1
- If you are a qualified alien and you can prove you are in the United States lawfully under the Federal Immigration and Naturalization Act, you will sign Form 2

You are either a citizen OR a qualified alien -- please do not submit both forms. Make additional copies of the forms as needed. These affidavits must be notarized. **Under Oklahoma law, we cannot issue your license without the proper affidavit(s).** United States citizens are not required to submit a new affidavit for license renewals.

Qualified aliens must submit a new affidavit for each license renewal.

This is a requirement of the State of Oklahoma; our Department has no authority to address it. If you need further information, you may review the text of the bill by visiting the following web link:

<http://www.oscn.net/applications/oscn/deliverdocument.asp?id=448995&hits>

As always, we appreciate your spirit of cooperation.

Oklahoma Department of Consumer Credit

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

Form 1 - For U. S. Citizens

Section A (Applicant Information)

Affidavit of:

Name of Individual Applicant

Company Name

Section B (Notary Public)

STATE OF _____

COUNTY OF _____

_____, of lawful age, being first duly
Printed Name of Individual Applicant

sworn, upon oath states under penalty of perjury as follows:

I am a United States citizen.

Signature of Applicant

Subscribed and sworn to or affirmed before me this _____ day of _____, 20_____.

Notary Public

Commission Number

My Commission Expires

(Seal)

Oklahoma Department of Consumer Credit

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

Form 2 - For Qualified Aliens

Section A (Applicant's Information)

Please type or print clearly. You must include a copy of both the front and back of your green card with this form.

Full Legal Name of Applicant: _____

Date of Birth: _____ Social Security Number: _____

Nationality: _____

Company Name: _____

Section B (Notary)

STATE OF _____

COUNTY OF _____

_____, of lawful age, being first duly sworn, upon oath

Printed Name of Individual Applicant

states under penalty of perjury as follows:

I am a qualified alien under the Federal Immigration and Naturalization Act, and I am lawfully present in the United States.

Signature of Applicant

Subscribed and sworn to or affirmed before me this _____ day of _____, 20_____.

Notary Public

(Seal)

Commission Number

My Commission Expires

TABLE OF CONTENTS

| | |
|--|------|
| CITIZENSHIP AFFIDAVITS..... | 1-3 |
| LICENSE APPLICATION INSTRUCTIONS | 5-6 |
| LICENSE CHANGES | 7 |
| RENEWAL REQUIREMENTS | 7 |
| LICENSE APPLICATION CHECKLIST | 7 |
| APPLICATION FOR PAWNBROKER LICENSE | 8-11 |
| MILITARY SERVICE VERIFICATION FORM..... | 12 |

LICENSE APPLICATION INSTRUCTIONS

To make application for an Oklahoma Pawnbroker License, all prescribed forms and additional required exhibits must be fully completed and mailed or delivered to:

Oklahoma Department of Consumer Credit
3613 NW 56th, Suite 240
Oklahoma City, OK 73112-4512

All fees required must be submitted with the application. Upon receipt of a complete package, a staff member will carefully review all documents and an independent investigation will be made into the experience, character and general fitness of the applicant(s). All applications are reviewed in the order in which they are received.

A COMPLETE APPLICATION PACKAGE FOR A PAWNBROKER LICENSE IS COMPOSED OF:

- I. APPLICATION:** These pages are for information on the business to be licensed, including mailing address, location, ownership etc. Complete all sections that apply. Be sure to sign and notarize. Provide social security number and date of birth for the applicant (the owner(s) or partners) per Oklahoma Statute §56-240.21A for background investigation.
- II. SURETY BOND:** A bond in the amount of **\$5,000.00** (FIVE THOUSAND DOLLARS) for each license. Be sure all signatures are affixed and include a copy of the bond and all attachments with your application.
- III. FINANCIAL STATEMENT:** This statement shall reveal that the applicant has available for regulated loan operations, net assets of at least \$25,000.00 (TWENTY-FIVE THOUSAND DOLLARS). For sole proprietorship, the owner's personal financial statement must show assets of the required amount. For partnerships or limited liability companies the combined assets of the partners or members must equal or exceed the required \$25,000.00 (TWENTY-FIVE THOUSAND DOLLARS). If filing as a corporation, please submit the most recent balance sheet. This statement must be signed by the owner or an officer of the company or corporation, dated and notarized.
- IV. A COPY OF ALL BASIC DOCUMENTS ESTABLISHING THE ENTITY:**
 - A. SOLE PROPRIETORSHIP:**
 1. A copy of the Certificate of Fictitious Name.
 2. A Form 1 or Form 2 Affidavit showing lawful presence in the United States (See attached forms)
 - B. GENERAL PARTNERSHIPS:**
 1. A copy of the partnership agreement signed by all parties involved.
 2. If the partnership does business under an assumed or fictitious name, supply a copy of the Certificate of Fictitious Name.
 3. A list of the names, addresses, social security numbers, dates of birth, and telephone numbers of the partners.
 - C. LIMITED PARTNERSHIPS:**
 1. A copy of the Limited Partnership Certificate filed with the Secretary of State. Such copy must show the date the document was filed.
 2. If the partnership does business under an assumed or fictitious name, supply a copy of the Trade Name Report filed with the Secretary of State.
 3. A list of the names, addresses, social security numbers, dates of birth, and telephone numbers of the partners.
 - D. LIMITED LIABILITY COMPANIES:**
 1. A copy of the Certificate of Organization or Articles of Organization filed with the Secretary of State.
 2. If doing business using a fictitious name, supply a copy of the Trade Name Report filed with the Secretary of State.
 3. A list of the names, addresses, social security numbers, dates of birth, and telephone numbers of each major stockholder, officers and directors of the LLC.

Pawnbroker License Application

Oklahoma Dept. Of Consumer Credit : 3613 NW 56th, Suite 240 Oklahoma City, OK 73112-4512
Ph: (405) 521-3653 Fax : (405) 521-6740 Toll-Free : (800) 448-4904

<http://www.ok.gov/okdocc>

E. DOMESTIC CORPORATIONS:

1. A copy of the Certificate of Incorporation or Articles of Incorporation filed with the Secretary of State.
2. If doing business using a fictitious name, supply a copy of the Trade Name Report filed with the Secretary of State.
3. A list of the names, addresses, social security numbers, dates of birth, and telephone numbers of each major stockholder, officers and directors of the corporation.

F. FOREIGN CORPORATIONS:

1. A copy of the Certificate of Incorporation or Articles of Incorporation.
2. A Certificate of Authority showing that the applicant is authorized to transact business in their state of incorporation or in the State of Oklahoma.
3. If your business falls under one of the exemptions on the Secretary of State's instruction sheet, highlight the exemptions that apply and submit a copy with your application.
4. A list of the names, addresses, social security numbers, dates of birth, and telephone numbers of each major stockholder, officers and directors of the Foreign Corporation.

For information concerning above items, contact:

**Oklahoma Secretary of State
2300 N. Lincoln Blvd., Room 101
Oklahoma City, OK 73105
(405) 521-3912**

V. FEE FOR INVESTIGATION, LICENSE AND EXAMINATION: When making an application for a license, the applicant shall pay a total of \$965.00 (NINE HUNDRED SIXTY FIVE DOLLARS) which includes a \$325.00 (THREE HUNDRED TWENTY-FIVE DOLLARS) non-refundable investigation fee, \$240.00 (TWO HUNDRED FORTY DOLLARS) for each license annually provided and \$400.00 (FOUR HUNDRED DOLLARS) examination fee per the Oklahoma Pawnshop Act for the current calendar year.

VI. ADDITIONAL LOCATION LICENSE REQUIREMENTS: If you are applying for an additional location, you must complete:

1. The main Application;
2. A Bond Form for \$5,000.00 (FIVE THOUSAND DOLLARS) for each additional location;
3. A check or money order for \$640.00 (SIX HUNDRED FORTY DOLLARS), which consists of an annual fee of \$240.00 (TWO HUNDRED FORTY DOLLARS) and \$400.00 (FOUR HUNDRED DOLLARS) for the annual examination fee, made payable to the Oklahoma Department of Consumer Credit;
4. A recent financial statement or balance sheet signed by the owner, officer, member or partner of the company or corporation, dated and notarized.

VII. MILITARY SERVICE VERIFICATION: Please complete the *Military Service Verification Form* if you or your spouse is in Active Duty status in the Armed Forces and you wish to receive considerations provided by SB1863 Post-Military Service Occupation, Education and Credentialing Act, codified as 59 O.S. §4100 *et seq.* The information provided will be verified through the Servicemembers Civil Relief Act Website.

PLEASE RETAIN INSTRUCTIONS FOR FUTURE REFERENCE

LICENSE CHANGES

Licenses issued under the Oklahoma Pawnshop Act are issued on the basis of representations made on the application and supporting documents. Any substantial change in the information included in the application must be reported to the Administrator immediately.

If any material misrepresentations or unreported changes of circumstances are subsequently discovered, the license is subject to revocation after it has been issued.

Changes in location, ownership, partners, and in the principal parties at interest in a corporation must be submitted in writing for approval Thirty (30) days prior to the effective date of the change. There is a \$25 per license amendment fee.

RENEWAL REQUIREMENTS

Annual renewal of the license is the responsibility of each licensee. The licensee is to submit a renewal application, renewal fee of \$640.00 (SIX HUNDRED FORTY DOLLARS), which includes \$240.00 (TWO HUNDRED FORTY DOLLARS) annual license fee and examination fee of \$400.00 (FOUR HUNDRED DOLLARS) to be postmarked on or before the first day of December of each year. **(All renewals that are not postmarked by December 1st will be subject to a \$10 per day late fee, up to 30 days.)**

If you are an active duty service member of the Armed Forces at the time of annual renewal, please complete the *Military Service Verification* form. Upon verification, your license effective date will be extended, with no further payment, for up to a year after your active service has been completed.

LICENSE APPLICATION CHECKLIST

The checklist below is provided to help ensure that you submit a complete application.

TASKS TO BE COMPLETED:

- I. **APPLICATION – SIGNED AND NOTARIZED**
- II. **APPOINTMENT OF DESIGNATED AGENT**
- III. **FINANCIAL STATEMENT – MOST RECENT – SIGNED AND NOTARIZED**
- IV. **DOCUMENTS ESTABLISHING ENTITY:**
 - a. **SOLE PROPRIETORSHIP INFORMATION – IF APPLICABLE**
 - b. **PARTNERSHIP INFORMATION – IF APPLICABLE**
 - c. **DOMESTIC CORPORATION INFORMATION – IF APPLICABLE**
 - d. **LIMITED LIABILITY COMPANY INFORMATION – IF APPLICABLE**
 - e. **FOREIGN CORPORATION INFORMATION – IF APPLICABLE**
- V. **RECORD KEEPING LOCATION**

Please contact the Oklahoma Department of Commerce for information regarding additional licensing you may need at (800) 879-6552 or visit their website at <http://www.okcommerce.gov/Start-A-Business/Start-Or-Register-A-Business>

Pawnbroker License Application

Oklahoma Dept. Of Consumer Credit : 3613 NW 56th, Suite 240 Oklahoma City, OK 73112-4512

Ph: (405) 521-3653 Fax : (405) 521-6740 Toll-Free : (800) 448-4904

<http://www.ok.gov/okdocc>

A. To be completed only if the applicant is an individual:

Full Name Social Security Number Date of Birth

B. To be completed only if the applicant is a partnership:

Full Name of Partner Full Name of Partner

Social Security Number Date of Birth Social Security Number Date of Birth

Have Articles of Limited Partnership been filed with the Secretary of State? Yes_____ No_____

C. To be completed only if applicant is a limited liability company:

Full Name of Member Full Name of Member

Social Security Number Date of Birth Social Security Number Date of Birth

Have Articles of Limited Liability been filed with the secretary of State? Yes_____ No_____

D. To be completed only if applicant is a corporation, association, joint stock company or trust:

OFFICERS:

Full Name of President Full Name of Vice President

Social Security Number Date of Birth Social Security Number Date of Birth

Full Name of Treasurer Full Name of Secretary

Social Security Number Date of Birth Social Security Number Date of Birth

DIRECTORS AND TRUSTEES:

Full Name of Director/Trustee Full Name of Director/Trustee

Social Security Number Date of Birth Social Security Number Date of Birth

Note: If there are additional officers, directors or trustees, please specify using additional sheets if necessary.

NAME AND RESIDENCE ADDRESS OF EACH OFFICER OR MAJOR STOCKHOLDER:

Name Address

City, State and Zip Social Security Number Date of Birth

Name Address

City, State and Zip Social Security Number Date of Birth

Pawnbroker License Application

Oklahoma Dept. Of Consumer Credit : 3613 NW 56th, Suite 240 Oklahoma City, OK 73112-4512

Ph: (405) 521-3653 Fax : (405) 521-6740 Toll-Free : (800) 448-4904

<http://www.ok.gov/okdocc>

Fill out the section below to designate where and how records will be kept in Oklahoma.

Name of Applicant/Licensee: _____

Address where records will be kept: _____

City, State and Zip: _____

Contact person for questions on this request: _____

Telephone Number: _____

1. Do you have available for the operation of the business net assets of at least \$25,000.00 (TWENTY FIVE THOUSAND DOLLARS)?

Yes _____ No _____

2. Have you ever been convicted of a felony? Yes _____ No _____ (If yes, please furnish details, attaching extra sheets if necessary.)

You must also submit a certified copy of the Judgement and Sentence of the Court with this application.

Check the appropriate box if any of the following apply to you. If any apply, please complete the *Military Service Verification* form for expedited processing:

- I am a member of the Armed Forces
- My spouse is a member of the Armed Forces
- My spouse is on active duty within this state
- My spouse is a permanent resident of this state for the 6 months prior to assignment to active duty
- My spouse is a permanent resident of this state during the period of active duty

Pawnbroker License Application

Oklahoma Dept. Of Consumer Credit : 3613 NW 56th, Suite 240 Oklahoma City, OK 73112-4512

Ph: (405) 521-3653 Fax : (405) 521-6740 Toll-Free : (800) 448-4904

<http://www.ok.gov/okdocc>

NOTARY PUBLIC

Before me, the undersigned, personally appeared and being first duly sworn states that the applicant has executed this application this _____ day of _____, 20____, and acknowledges that applicant is duly authorized to execute the application, and that all statements and representations made are true and correct to the best of applicant's knowledge and belief, and that all statements and supporting schedules are made for the purpose of inducing the Administrator of the Department of Consumer Credit of the State of Oklahoma to grant said application.

Name of Applicant

Signature of Applicant

Name of Additional Applicant

Signature of Additional Applicant

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

(Seal)

Notary Public

Commission Number

My Commission Expires

VERIFICATION OF MILITARY SERVICE

Please complete the information below, in its entirety, for the ACTIVE SERVICE MEMBER.

| | |
|--|--|
| Full Name of Service Member | |
| Social Security Number of Service Member | |
| Birth Date of Service Member | |
| Active Duty Status Date (if available) | |

Check one:

- New License Application
- Renewal Application