CHANGE IN FEES FOR THE PAWNBROKER APPLICATION
EFFECTIVE JULY 1, 2009

1st License (Application/Investigation Fee)	$ 125.00
License Fee	140.00
Exam Fee	200.00
Total	**$ 465.00**

License Fee for July 1st thru October 14th $395.00

Additional Location License	$ 140.00
Exam Fee	$ 200.00
Total	**$ 340.00**

License Fee for July 1st thru October 14th $270.00

PLEASE SUBMIT ALL FEES IN ONE CHECK OR MONEY ORDER
Make payable to Dept. of Consumer Credit

Roy B. Hooper
Administrator

Jack R. Stone
Deputy Administrator

Brad Henry
Governor

Jari Askins
Lieutenant Governor

STATE OF OKLAHOMA
DEPARTMENT OF CONSUMER CREDIT

NOTICE

The State of Oklahoma recently 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 obtaining a license from the Department of Consumer Credit must show lawful presence in the United States.

You must submit an affidavit if:

- You are licensed individually as a Mortgage Loan Originator (MLO) or a Precious Metals Employee (PME)
- Your company is licensed, but the business is *not* incorporated

You do not need to submit an affidavit if your business is registered as a corporation or an LLC. Please note that only those businesses that are legally incorporated or registered as LLCs are exempt from this requirement.

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

All officers and owners of the company must complete and submit *one* of the appropriate affidavits. **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. We cannot accept faxed or emailed copies of these forms. You will need to mail them to us. **Under Oklahoma law, we cannot issue or renew your license without the proper affidavit(s).**

Please do not call the Department with questions about the bill. (You are welcome to call us with questions about your application.) This is a requirement of the State of Oklahoma; our Department has no authority to address it. If you need further information, you may call the Oklahoma House of Representatives at 1-800-522-8502, or 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.

4545 N Lincoln Blvd, Suite 164 - Oklahoma City, OK 73105 - Phone: (405) 521-3653 - Fax: (405) 521-6740
http://www.okdocc.state.ok.us

Oklahoma Department of Consumer Credit

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

PB

Form 1 - For U. S. Citizens

Affidavit of

_____

[Name of Individual Applicant]

_____

[Company Name]

STATE OF _____)
)
COUNTY OF _____)

_____, of lawful age, being first duly sworn,

[Printed Name of Individual Applicant]

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

PB

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,

[Printed Name of Individual Applicant]

upon oath 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: _____

Commission Number: _____

My Commission Expires: _____ (Seal)

4545 N Lincoln Blvd, Suite 164 - Oklahoma City, OK 73105 - Phone: (405) 521-3653 - Fax: (405) 521-6740
http://www.okdocc.state.ok.us

LICENSE APPLICATION INSTRUCTIONS

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

Office of the Administrator
Oklahoma Department of Consumer Credit
4545 N. Lincoln Blvd., Suite 164
Oklahoma City, OK 73105-3408

All fees required must be submitted with the application. If incomplete, the application and fees will be returned, outlining missing requirements. **DO NOT RESUBMIT UNTIL COMPLETE.** 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. Any application received without all required information, notaries and signatures will be returned for completion. *The reviewing process **may take up to Sixty (60) Days** from the receipt date of a complete application package.*

LICENSE REQUIREMENTS

(The forms listed below are included in this packet)

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

I. APPLICATION: (pages 6-8) 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.

II. PERSONAL AFFIDAVIT FORM: (pages 9-10) These pages are personal information sheets on all officers and directors of a corporate applicant; by all members of a limited liability applicant; by every partner of a partnership applicant; and by the owner when applicant is a sole proprietorship. **Be sure all forms are signed and notarized by each individual described in this paragraph.** Make additional copies if needed.

III. SURETY BOND FORM: (page 11) This page is for your required bond of **$5,000.00 (FIVE THOUSAND DOLLARS)**. Take this form to the agent you are purchasing your bond with all attachments within your application.

IV. DESIGNATED AGENT FORM: (page 12) This page is for appointing a resident or corporation of Oklahoma to accept service of process for your business. Be sure form is signed by the Applicant.

V. FINANCIAL STATEMENT: A financial statement of recent date, fully setting forth applicant's financial condition showing net assets of **$25,000.00 (TWENTY-FIVE THOUSAND DOLLARS)**. A **signed and notarized statement by an accounting firm or individual holding a permit to practice public accounting in this state**, that the **accountant has REVIEWED** the books and records of the applicant and that the applicant meets the net assets requirement.

VI. CERTIFICATE OF FICTITIOUS NAME: (instructions on pages 13-15) A filed copy of the certificate of fictitious name must be submitted for sole proprietorships and general partnerships. Contact the clerk's office in the county in which the business is to be located.

I. A COPY OF ALL BASIC DOCUMENTS ESTABLISHING THE ENTITY;

A. FOR 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 a **Certificate of Fictitious Name.**
3. A list of the names, addresses and telephone numbers of the partners and their degree of ownership.

B. FOR LIMITED PARTNERSHIPS:

1. A copy of all documents submitted to the Office of the Oklahoma Secretary of State. Such copies must show the date the documents were 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 and telephone numbers of the partners and their degree of ownership.

C. FOR LIMITED LIABILITY COMPANIES:

1. A copy of the Articles of Organization and Certificate 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 and telephone numbers of the three largest shareholders, officers and directors of the LLC.

D. FOR DOMESTIC CORPORATIONS:

1. A copy of the Articles of Incorporation and Certificate 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 and telephone numbers of the three largest shareholders, officers and directors of the corporation.

E. FOR FOREIGN CORPORATIONS:

1. A certificate duly executed not more than THIRTY (30) DAYS prior to the filing of the application by the proper officer showing that the Applicant is authorized to transact business in the state of incorporation.
2. A designation of the corporation's principal agent in Oklahoma, giving both name and address.
3. A copy of the Articles of Incorporation.
4. A Certificate of Authority issued by the Oklahoma Secretary of State.
5. If your business falls under one of the exemptions on the Secretary of State instructions sheet, highlight the exemptions that apply and submit a copy with your application.
6. If doing business using a fictitious name, supply a copy of the Trade Name Report filed with the Secretary of State.
7. A list of the names, addresses and telephone numbers of the three largest shareholders, officers and directors of the Foreign Corporation.

For information concerning above items, contact: **Oklahoma Secretary of State**
101 State Capitol Building
Oklahoma City, OK 73105 (405) 521-3911

VII. **BUSINESS FORMS:** All first time applicants shall provide a complete set of all forms/tickets to be used in pawn and buy transactions.

VIII. **STATUTORY FEE FOR INVESTIGATION AND LICENSE:** When making an application for one or more licenses, the applicant shall pay **$125.00 (ONE HUNDRED TWENTY-FIVE DOLLARS)** non-refundable investigation fee **and $100.00 (ONE HUNDRED DOLLARS)** for each license as the annual fee provided in the Oklahoma Pawnshop Act for the current calendar year. Fees for applications **filed after June 30th** of a given year are **$50.00 (FIFTY DOLLARS)** for that year.

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

a) **The main Application (pages 6-8),**

b) **Personal Affidavit form for *only new* officers, directors, trustees, members or partners (pages 9-10),**

c) **Pawnshop Bond Form for $5,000 (FIVE THOUSAND DOLLARS) for each additional location. (page 11)**

d) **Designated Agent form (page 12)**

e) **A check or money order for $100.00 (ONE HUNDRED DOLLARS) made out to the Department of Consumer Credit. Note: This fee drops to $50 (FIFTY DOLLARS) from July 1st through the beginning of October each year.**

f) **A recent financial statement or balance sheet (does not have to be reviewed) – signed, dated and notarized by the owner of the business or an officer, member or partner of the company.**

LICENSE FEES AND RENEWAL REQUIREMENTS

Upon completion of the investigation, the analysis of the application, and upon approval of the application, the Administrator will forward a duly authenticated and numbered license to the designated address on the application, or you will be contacted by a Department representative to schedule an appointment to pick up your license.

This license is to be prominently displayed in the license office so long as the licensee operates under the Oklahoma Pawnshop Act. In all correspondence or communication with this office subsequent to licensing, the licensee shall show the assigned license number.

The licensee is to submit **annually a renewal fee of $100.00 (ONE HUNDRED DOLLARS).** This renewal fee is to be submitted **prior to December 1st of each year** and, in no instance, later than **FIFTEEN (15) DAYS** after written notification from the Administrator that the renewal fee has not been received. **Renewals received after December 31st will be returned and your license will subsequently expire.**

Annual renewal of the license is the responsibility of each licensee. Notice of this renewal is mailed by the Department and records of delinquent filings become a permanent part of the license file.

On or before May 1st, each licensee shall file an **Annual Report** with the Administrator concerning the business and operations during the preceding calendar year. The Administrator will mail the forms with your renewed license and such reports shall be confidential.

The Administrator or his duly authorized representative may investigate the books, accounts, papers, correspondence and records of any licensee or other person holding a license, for the purpose of establishing compliance with the Rules of the Administrator and the Oklahoma Pawnshop Act. A **$200.00 (TWO HUNDRED DOLLARS) fee will be charged for this examination.**

RULES OF THE ADMINISTRATOR

Official copies of the Rules of the Administrator may be obtained by contacting the **Office of Administrative Rules** located at **220 Will Rogers Building** in **Oklahoma City**. Telephone number is **(405) 521-4911** and mailing address:

OFFICE OF ADMINISTRATIVE RULES
PO Box 53390
Oklahoma City, Oklahoma 73152

Copies are available at a cost **of 25 cents per page**. When you request to purchase these Rules from the **Office of Administrative Rules**, the person will need to know that you need to purchase **Title 160, chapter (s) -**

Chapter		Section
1.	Organization	160:1
3.	Procedure	160:3
5.	Fees (general information)	160:5
10.	Consumer Leasing	160:10
15.	Pawn Transactions	160:15
20.	Changes in Dollar Amounts	160:20
25.	Credit Features Exempted from Advance Notice of Changes in Terms	160:25
30.	Credit Services Organizations	160:30
35.	Oklahoma Rental Purchase Act	160:35
40.	Garnishment Limitations	160:40
45.	Truth in Lending	160:45
50.	Health Spas	160:50
55.	Mortgage Brokers	160:55
65.	Supervised Lenders	160:65
70.	Deferred Deposit Lenders	160:70

Unofficial rules may be downloaded at the Commission on Consumer Credit web address: http://www.okdocc.state.ok.us.

LICENSEE CHANGES (ADDRESS, ETC.)

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.

LICENSE APPLICATION CHECKLIST

The checklist below is provided to help ensure that you submit a complete application. Any application received that is not complete will be returned.

TASKS TO BE COMPLETED:		*X*
1.	**APPLICATION -** *SIGNED AND NOTARIZED*	
2.	**PERSONAL AFFIDAVIT(S) -** *BE SURE TO SIGN AND NOTARIZE*	
3.	**SURETY BOND -** *BE SURE ALL SIGNATURES ARE PRESENT*	
4.	**APPOINTMENT OF DESIGNATED AGENT -** *BE SURE TO SIGN*	
5.	**CERTIFICATE OF FICTITIOUS NAME** *(IF APPLICABLE) (COUNTY CLERK)*	
	TRADE NAME REPORT *(IF APPLICABLE) (SECRETARY OF STATE)*	
6.	**REVIEWED FINANCIAL STATEMENT**	
7.	**DOCUMENTS ESTABLISHING ENTITY:**	
	PARTNERSHIP AGREEMENT *(IF APPLICABLE)*	
	DOMESTIC CORPORATION INFORMATION *(IF APPLICABLE)*	
	LIMITED LIABILITY INFORMATION *(IF APPLICABLE)*	
	FOREIGN CORPORATION INFORMATION *(IF APPLICABLE)*	
8.	**STATUTORY FEES FOR INVESTIGATION AND FOR LICENSE**	
9.	**COPIES OF FORMS TO BE USED** *(INCLUDE PAWN AND BUY TICKETS)*	

PLEASE RETAIN INSTRUCTIONS FOR FUTURE REFERENCE

Please contact the Oklahoma Department of Commerce for information regarding additional licensing you may need at 1 (800) 879-6552

http://busdev3.odoc5.odoc.state.ok.us
(Click on "Developing Your Business", then on the next page, the "Business Licensing Program" link)

(PAWNBROKER LICENSE APPLICATION BEGINS ON THE NEXT PAGE.)

APPLICATION FOR OKLAHOMA PAWNBROKER LICENSE

BEFORE THE ADMINISTRATOR)
OF THE DEPARTMENT OF)
CONSUMER CREDIT OF THE)
STATE OF OKLAHOMA IN THE)
MATTER OF THE APPLICATION)
OF:)
)
_____ **)**
(Name of business to be licensed)

This application will not be processed unless accompanied by all required exhibits and the statutory fees as follows:

A. $125.00 (ONE HUNDRED TWENTY-FIVE DOLLARS) non-refundable investigation fee for one or more officers and $100.00 (ONE HUNDRED DOLLARS) for each license annually provided. If an application is received after June 30th in any year, such fee shall be $50.00 (FIFTY DOLLARS).

B. Every applicant shall file herewith a bond on the form furnished by the Administrator in an amount not less than $5,000.00 (FIVE THOUSAND DOLLARS) for each license.

THIS FORM MAY BE COMPLETED ONLINE AND PRINTED OUT, OR PRINTED THEN COMPLETED IN INK, OR USE TYPEWRITER.
ANSWER ALL QUESTIONS. STRIKE OUT ANY OPTIONAL WORDS WHICH DO NOT APPLY.
ATTACH ADDITIONAL SHEETS IF NECESSARY TO FULLY ANSWER ALL QUESTIONS.

Pursuant to, and in accordance with the provisions of the OKLAHOMA PAWNSHOP ACT, and for the purposes in said law set forth,

_____
Name of Applicant/Business

_____ HTTP:// _____
E-Mail *Website*

~ I am *(please check your applicable category)*
____ A Person, ____ Association, ____ Joint Stock Company or Trust, ____ Co-Partnership, ____ Corporation, ____ or Limited Liability Company
(Attach evidence of sole proprietorship, corporate, partnership or L.L.C. status)

~ With his/her/its principal office and/or mailing address located at:

_____ _____
Number and Street of mailing address *Telephone*

_____ _____
City, State and Zip *Fax*

Hereby applies to the Administrator of the Department of Consumer Credit of the State of Oklahoma, for a Pawnbroker License for the calendar year ending December 31, _____, at the following location;

_____ _____
Number and Street of business location *Telephone*

_____ _____
City, State and Zip *Fax*

and, for the purpose of securing same, applicant makes the foregoing and following sworn statements of fact:

~ The name and address of the manager for this location:

Name of Manager _____ *Residential Address* _____

City, State, and Zip _____ *County* _____

Telephone _____ *E-Mail* _____

A. TO BE COMPLETED ONLY IF THE APPLICANT IS AN INDIVIDUAL:

Full Name _____

B. TO BE COMPLETED ONLY IF THE APPLICANT IS A PARTNERSHIP:

Full Name of Partner _____ *Full Name of Partner* _____

Full Name of Partner _____ *Full Name of Partner* _____

~ 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* _____

Full Name of Member _____ *Full Name of Member* _____

~ 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* _____

Full Name of Treasurer _____ *Full Name of Secretary* _____

DIRECTORS AND TRUSTEES

Full Name of Director/Trustee _____ *Full Name of Director/Trustee* _____

Full Name of Director/Trustee _____ *Full Name of Director/Trustee* _____

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

NAME AND RESIDENCE ADDRESS OF THE THREE (3) LARGEST STOCKHOLDERS OWNING TEN (10%) PERCENT OR MORE:

1. _____ _____
Name *Address*

City, State, Zip _____ *Percentage of Ownership* _____

2. _____ _____
Name *Address*

City, State, Zip _____ *Percentage of Ownership* _____

3. _____ _____
Name *Address*

City, State, Zip _____ *Percentage of Ownership* _____

General Questions to be answered by all applicants:

A. Do you, your partner, or any officers of the corporation have a pawnbroker license? Yes _____ No _____
(If yes, furnish details including license number.)

B. Do you operate or have you previously operated a regulated pawnshop business in this or any other state? Yes _____ No _____
(If yes, furnish a list of states in which you are currently licensed.)

C. Have you ever been denied a pawnbroker license in Oklahoma or any other state? Yes _____ No _____
(If yes, furnish details. Attach extra sheets if necessary)

In the event of the issuance of this license, applicant will abide by all rules and regulations issued by the Administrator and applicant hereby agrees that in the event of any significant change in the facts stated in the application, a statement or memorandum of said change will, within THIRTY (30) DAYS thereafter, be forwarded to the Administrator, setting forth the change made and the names of the persons involved therein.

IN WITNESS WHEREOF, the applicant has executed this application this _____day of _____, in the year_____, and acknowledges that applicant is duly authorized to execute the application, and that all statements and representations made are true 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

_____
Signature of Applicant—if needed

_____
ATTEST: Corporate Secretary

State of: _____

County of: _____

The person or persons whose signatures appear above personally appeared before the undersigned, a NOTARY PUBLIC, in and for the above named county and state, on the _____ day of _____, 20_____, and acknowledged the execution of the foregoing instrument to be the voluntary act and deed of the applicant therein named and for the purpose therein set forth, that they are duly authorized to execute the foregoing instrument, and that the statements and representations therein contained are true to the best of their knowledge and belief.

_____
Notary

SEAL

_____
My Commission Expires

OFFICE OF THE ADMINISTRATOR
DEPARTMENT OF CONSUMER CREDIT

PERSONAL AFFIDAVIT OF ALL OFFICERS, DIRECTORS, TRUSTEES, OWNERS AND PARTNERS

Information as indicated herein is required to be filed by every officer and director of a corporate applicant, by every partner of a partnership applicant, by the owner when the applicant is a sole proprietorship, and by every member of a limited liability company. A separate form is to be filed by each person. (Make copies as necessary). The information indicated must be furnished fully and in detail. Separate exhibits should be attached when space provided is not sufficient to set forth the information completely. Only one executed copy should be filed.

Omissions will be construed as intentional failure to disclose a material fact and will be sufficient grounds for rejection.

To the Administrator of the Department of Consumer Credit:

The following information is furnished by the undersigned in conjunction with and is made a part of the application for license of:

_____ **Individual**, _____ **Partnership**, _____ **Corporation**, _____ **Limited Liability**:

1._____
Name of Applicant and Business as it is to appear on the license

2._____ _____
Full Name of person submitting this form *Social Security Number of person submitting this application*

3._____
Title as corporate official, partner or individual owner submitting this application

4._____
Furnish date, city, state and county of birth (If foreign born, furnish date of place of naturalization)

5._____ HTTP://_____
E-Mail *Website*

6. Residence address(es) during the last TEN (10) YEARS : *(Provide dates, complete address and whether rented or owned. Attach extra sheets if necessary.)*

7. Occupational record during the last TEN (10) YEARS :

NOTE: *All periods of time must be accounted for; periods of unemployment should be indicated and dates given. Provide date, name and address of employer, position held and nature of the duties performed. Attach extra sheets if necessary.*

8. Have you ever been directly or indirectly connected with an organization, in Oklahoma or elsewhere , which had its application for a license or registration refused by any federal, state, or municipal authority? Yes _____ No _____ *(If yes, furnish details. Attach extra sheets if necessary)*

9. Have you ever entered a plea of guilty or nolo contendere to, or been convicted of a felony or a misdemeanor other than a traffic violation? Yes _____ No _____ *(If yes, furnish details. Attach extra sheets if necessary)*

10. Are there any legal or administrative actions or proceedings pending against you? Yes _____ No _____ *(If yes, furnish details. Attach extra sheets if necessary)*

State of: _____

County of: _____

Before me, the undersigned authority, being duly sworn according to law, deposes and says that the statements contained herein are true and correct.

_____
Signature of person completing this form

SEAL

_____
Notary

_____
My Commission Expires

STATE OF OKLAHOMA
PAWNSHOP LICENSE BOND

KNOW ALL MEN BY THESE PRESENT THAT_____,
(Name or Principal/Business)

_____of_____,
(Street Address) *(City, State & Zip)*

in the County of _____, State of _____,

as Principal, and _____,
(Surety Company)

a corporation duly organized and existing under the laws of _____, and being duly qualified to transact business in the State of Oklahoma, as Surety, are holden and stand firmly bound unto the Administrator of the Department of Consumer Credit of the State of Oklahoma, for the use of the State and any person or persons who may have a cause of action against the obligor of this bond under the provisions of **OKLAHOMA PAWNSHOP ACT, TITLE 59, SECTION 1501, ET. SEQ.**, in the just sum of **FIVE THOUSAND DOLLARS** (**$5,000**) to be paid to the said Administrator as aforesaid, or his successor in office, to which payment will and truly be made, we hereby jointly and severally bind ourselves, our respective heirs, executors and administrators, successors and assign, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT if said _____,
(Principal)
its/his officers, agents or employees shall faithfully observe and comply with all of the provisions of the aforesaid statute, then this obligation shall be void; otherwise to be and remain in full force and virtue in law, until cancelled; provided, however, that no cancellation by the surety shall be effective unless and until written notice of intention to cancel this bond has been filed with the Administrator for a period of THIRTY (30) DAYS prior to the date fixed in said notice of cancellation.

IN WITNESS WHEREOF we have hereunto set our hands and seals this _____day of _____of the year 20_____.

_____
(Applicant)

SEAL

By: _____

_____
(Surety)

Countersigned:

By: _____

_____
(Oklahoma Resident Agent)

Bond Number _____

Do Not Write Below This Line

Approved this _____ day of _____of the year 20_____.

_____
(Administrator's Signature)

STATE OF OKLAHOMA
DEPARTMENT OF CONSUMER CREDIT

APPOINTMENT OF DESIGNATED AGENT AND CONSENT TO SERVICE

TO BE COMPLETED BY ALL APPLICANTS

The undersigned_____being
(*Name of Applicant/Business*)
an applicant for or holder of an **Oklahoma Pawnbroker License** under the provisions of **Title 59 O.S., Chapter 37 Sections 1504(c).** does hereby appoint:

_____
(*Name in Full*)

of _____
(*Resident Address*)

_____ _____
(*City, State, Zip*) (*Telephone)*

a resident of the State of Oklahoma and County of _____ as agent upon whom may be served all judicial and other process or legal notice directed to this applicant; and in the case of the death, removal from the state, or any legal disability or disqualification of such agent, service of all such judicial and other processes of legal notice may be made upon the Administrator of the Department of Consumer Credit, State of Oklahoma.

IN WITNESS WHEREOF, the above named applicant has caused this instrument to be signed this _____day of _____, 20_____.

NOTE: This consent must be signed by the proper officers, duly authorized by resolution of the Board of Directors and a copy of the said resolution duly executed should be attached hereto.

_____
Name of Applicant/Business

CORPORATE SEAL

_____
Signature of Applicant

_____
Signature of Applicant - If needed

_____
Signature of Applicant - If needed

_____
Signature of Applicant - If needed

Oklahoma Dept. Of Consumer Credit ~ 4545 N. Lincoln Blvd., Suite 164 ~ Oklahoma City, OK 73105-3408
Ph: (405) 521-3653 Fax : (405) 521-6740 In-State : 1 - (800) 448-4904
http://www.okdocc.state.ok.us

INSTRUCTIONS ON HOW TO FILE A CERTIFICATE OF FICTITIOUS NAME

1. A Certificate of Fictitious Name is a name used for a business when any name except the name of the owner is used; i.e. John Doe doing business as Ace Credit Services.

2. To form a corporation, contact the Oklahoma Secretary of State at (405) 521-3911.

3. To form a limited partnership, contact the Oklahoma Secretary of State.

4. To form a limited liability company, contact the Oklahoma Secretary of State.

5. When you have chosen the name you want to use for your business, contact your county clerk's office to be sure the name is not already in use.

6. Contact the Oklahoma Secretary of State to make sure the name you choose is not already being used as a corporate, limited partnership or limited liability name.

7. There is no form for a Certificate of Fictitious Name. Draw up your own using the enclosed guideline as an example.

8. Be sure to have your signature(s) notarized.

9. Be sure to show your return address on the face of your certificate.

10. Publication is optional for sole proprietors.

11. Limited partnerships are not required to publish, but must be on file with the Secretary of State.

12. General Partnerships: Take a copy of your certificate to any newspaper in the county in which you file and have it published for one day. Obtain a publishers Affidavit and attach it to your original certificate.

13. A Certificate of Fictitious name is to be filed in the county in which the principal place of business is located.

14. Check with your county clerks for filing fee.

GUIDE FOR TYPING YOUR CERTIFICATE OF FICTITIOUS NAME
SOLE OWNERSHIP

NOTE: This is a guide, not a form to fill in the spaces. Type your own certificate giving all required information. If necessary, you may change the wording to fit your needs.

Certificate of Fictitious Name of
(*Name you have chosen*)

KNOW ALL MEN BY THESE PRESENT:

That (*your name and address*), is the sole owner and operator of (*type of business*), under the firm name of (*name of business*), and

that said business is a sole ownership, dating from the _____ day of _____, 20_____; and

that there are no other members belonging to the sole ownership.

Dated this _____day of _____, 20_____.

_____
Signature of Owner

State of: _____

County of: _____

Before me, the undersigned authority, being duly sworn according to law, deposes and says that the statements contained herein are true and correct.

_____
Notary

SEAL

_____
My Commission Expires

Return to: Your name
Your return address
Your city, state and zip

GUIDE FOR TYPING YOUR CERTIFICATE OF FICTITIOUS NAME
GENERAL PARTNERSHIP

NOTE: This is a guide, not a form to fill in the spaces. Type your own certificate giving all required information. If necessary, you may change the wording to fit your needs. (For instance, if a partner does not live in Oklahoma County, give county where each lives).

Certificate of Fictitious Name of
(*Name you have chosen*)

KNOW ALL MEN BY THESE PRESENT:

That the following named persons are associated as partners in the business of ownership and management of (*type of business*), under the firm name of (*name of business*). That said partnership is a general or limited partnership, dating from the _____ day of _____, 20_____. That the principals' place of business for this partnership is

(give complete address including name of one person or service at that location).

General Partners Residence Address

1._____

2._____

Limited Partners Residence Address

1._____

2._____

_____
Signature of Partner

_____
Signature of Partner

State of: _____

County of: _____

Before me, the undersigned authority, being duly sworn according to law, deposes and says that the statements contained herein are true and correct.

_____
Notary

SEAL

_____
My Commission Expires

OKLAHOMA DEPARTMENT OF CONSUMER CREDIT

EXAMINATION & RECORD KEEPING INFORMATION

The Applicant/Licensee requests approval to keep records outside Oklahoma and/or keep such records in electronic or other forms of reproduction as authorized under Oklahoma Pawnshop Act Section 1508 of Title 59, Chapter 37; and Oklahoma Administrative Code Title 160, Chapter 15, 160:15-3-1. **It is understood that, without the prior written approval of the request by the Administrator of the Department of Consumer Credit, hardcopies of records must be maintained within Oklahoma and made available for examination at an office in Oklahoma.**

Name of Applicant/Licensee _____ Lic. # _____

Main Office Address_____

City/Town_____ State _____Zip _____

Contact Person for questions on this Request _____

Telephone (____)_____

Location where you intend to keep records (if different from above)

Address _____

City/Town _____ State _____Zip _____

RECORDS TO BE MAINTAINED IN A FORM OTHER THAN HARDCOPY

The Applicant/Licensee requests approval to record, copy or reproduce books, accounts and records in photographic, electronic or other forms other than hardcopy and will provide equipment necessary to access records for the purpose of examination.

Describe how books, accounts and records will be maintained. _____
_____

Describe how books, accounts and records will be made accessible to the Department for the purpose of an examination. _____
_____
_____

LOCATION OF EXAMINATION

Applicant/Licensee requests approval to maintain books, accounts and records outside Oklahoma. In order to facilitate a full examination of this license _____ _____ hereby agrees to pay the expenses of the Oklahoma Administrator's representative(s) in conducting an examination or your books and records pertaining to loans made in Oklahoma.

The Department expects the Applicant/Licensee to pay the additional expenses for examiner's air/train fares, hotel accommodations, motor vehicle rentals, private motor vehicle mileage, as well as per diem compensation for any compensatory time required to be paid an examiner.

The above expenses are understood to be in addition to the Two Hundred Dollars ($200.00) examination fee.

It is further understood that this agreement is being made so that _____ _____ may keep obligations signed by borrowers at an office outside the State of Oklahoma.

Contact Person at Location _____

Address _____

City/Town _____ State _____ Zip _____

Office Hours _____

Describe space available for examination _____

_____

_____

CERTIFICATION

I, _____, a duly authorized officer of
(Name and Title)

_____
(Applicant/Licensee)

agree to maintain the books, records and accounts of the Applicant/Licensee in compliance with this Record Keeping Request, which is submitted to the Oklahoma Department of Consumer Credit.

_____ _____
(Date) (Signature)