



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, 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. We cannot accept faxed or emailed copies of these forms. You will need to mail them to us. **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

(Seal)

\_\_\_\_\_  
Commission Number

\_\_\_\_\_  
My Commission Expires

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

Pawnbroker License Application

Oklahoma Dept. Of Consumer Credit 4545 N. Lincoln Blvd., Suite 164 Oklahoma City, OK 73105-3403

Ph: (405) 521-3653 Fax : (405) 521-6740 In-State : (800) 448-4904

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

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## **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  
4545 N. Lincoln Blvd., Suite 164  
Oklahoma City, OK 73105-3403**

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.
  - II. RECORD KEEPING AND LOCATION OF EXAMINATION FORMS:** These pages are for lenders whose records will be maintained at a location other than the licensed location. You must complete these forms showing that your company is willing to pay expenses for an examiner(s) to visit your out of state location to conduct the annual examination of books and records. You will be contacted before any such visit.
  - III. 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.
  - IV. 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.
- V. A COPY OF ALL BASIC DOCUMENTS ESTABLISHING THE ENTITY;**

#### **A. SOLE PROPRIETORSHIP:**

1. A copy of the Certificate of Fictitious Name.

#### **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 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 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 and telephone numbers of each major stockholder, officers and directors of the LLC.

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**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 and telephone numbers of each major stockholder, officers and directors of the corporation.

**E. 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 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**

- VI. FEE FOR INVESTIGATION, LICENSE AND EXAMINATION:** When making an application for a license, the applicant shall pay \$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.

**PLEASE RETAIN INSTRUCTIONS FOR FUTURE REFERENCE**

Pawnbroker License Application

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**LICENSEE 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.

**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 INFORMATION – IF APPLICABLE**
  - e. **FOREIGN CORPORATION INFORMATION – IF APPLICABLE**
- V. **RECORD KEEPING AND LOCATION OF EXAMINATION FORMS**

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>

**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(as reflected on the License Application Instructions) and the fees as follows:*

- A. \$325.00 (THREE HUNDRED TWENTY-FIVE DOLLARS) non-refundable investigation fee; \$240.00 (TWO HUNDRED FORTY DOLLARS) Application fee; \$400.00 (FOUR HUNDRED DOLLARS) Examination fee.
- B. Every applicant shall file a bond in the amount \$5,000.00 (FIVE THOUSAND DOLLARS) for each license sought.
- C. Financial Statement.

**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*

HTTP:// \_\_\_\_\_  
 Website E-Mail

**I am** (please check your applicable category)

A Person       Joint Stock Company or Trust       Corporation  
 Association       Co-Partnership       Limited Liability Company

**With the principal office and/or mailing address located:**

\_\_\_\_\_  
 Street address Telephone Number  
 \_\_\_\_\_  
 City, State and Zip Facsimile

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;

\_\_\_\_\_  
 Street Address of Business Location Telephone Number  
 \_\_\_\_\_  
 City, State and Zip Facsimile

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

DESIGNATED AGENT:

Full Name

Telephone Number

Address

City, State and Zip

A resident of the State of Oklahoma as agent upon whom may be served all judicial and other process or legal notice directed to this applicant.

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.

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NAME AND RESIDENCE ADDRESS OF EACH OFFICER OR MAJOR STOCKHOLDER:

Name

Address

City, State and Zip

Name

Address

City, State and Zip

Name

Address

City, State and Zip

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. Is there now pending any legal, administrative actions or proceedings against you? 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, involving fraud, misrepresentation or deceit?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, furnish details. Attach extra sheets if necessary).

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