



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



2016 PAWNBROKER AMENDMENTS COMPLIANCE FORM

Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 40-39-10 et seq.
www.consumer.sc.gov
803-734-4249/800-922-1594

Street Address
2221 Devine Street, Suite 200
Columbia, SC 29205-2418

This form and the requirements outlined below must be completed **no later than Monday, October 17, 2016**. If any of the required information is not provided by the deadline, the Department will take administrative action. The forms are available on the Department's website (go to www.consumer.sc.gov, click on "Business/Industry Information," then "Pawnbrokers").

Business Name _____
Mailing Address _____
City, State, Zip _____

Contact Person* _____ Contact Title _____
E-mail Address _____ Telephone No. () - _____

**The contact person is the person the Department will call with any questions.*

1. Have you posted your hours of operation at each location? Yes No
2. Have you posted the new rate schedule (revised 7/29/16) at each location? Yes No
3. Have you attached the following documents to this form?
 - Surety bond in the amount of \$15,000 or bond rider
 - Proof of adequate insurance coverage for all pledged goods
 - Sample pawn ticket in compliance with § 40-39-80(B)(1)
 - Criminal background check forms for each owner, partner, member, officer, director, employee

The undersigned warrants that his or her signature is duly authorized and delivered by and for the entity for which s/he signs. The undersigned swears or affirms and certifies that all information contained in this form and any attachments to this form is true, accurate, and complete.

Signature _____ Title^ _____
Print Name _____ Date _____

^Must be signed by the owner, partner, member, officer, or director of the business

The South Carolina Freedom of Information Act may require the Department to release a copy of your filing as a public record. Personal identifying information will be released only if required by law.