



**STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS**

APPLICATION FOR PAWNBROKER CERTIFICATE OF AUTHORITY

S.C. Code Ann. § 40-39-10 et seq. (Supp. 2010)

www.consumer.sc.gov

803-734-4249/800-922-1594

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

Street Address
2221 Devine St. Ste. 200
Columbia, SC 29205-2418

NOTE: ALL REQUESTED INFORMATION MUST BE FURNISHED OR YOUR APPLICATION MAY BE DENIED.

1. Name of business as displayed to the public: _____

2. Legal name of business and Federal Employer ID # (if applicable): _____

3. Is this business a corporation, Limited Liability Company (LLC) or Limited Partnership (LP) ? ___ Yes ___ No If yes, complete Supplemental Form C.

4. List all owners and employees, indicate contact person for business. Each must complete a Supplemental Form A and a Criminal Background Check Verification form.

5. (a) Address of Business (Physical Location): _____

(b) Mailing Address of Business: _____

(c) Telephone number of Business: _____

(d) Email of Business: _____

(e) Business website: _____

6. County in which business is located: _____

Is it within any city limits? If so, which city: _____

7. List all Pawn business locations, including main, branches and storage facilities, on a separate Supplemental Form B for each.

8. List any other personal or business names under which you have done business, include address(es).

9. Has the location for which you are seeking a Certificate of Authority been in business under any other name as a pawn shop? If so then provide the name _____

I swear or affirm and certify that I have completed and/or reviewed all information required in this application and that all information contained herein and in all addenda and supplemental forms is true and correct. I further certify that I understand that giving false information in this application or any addenda or supplemental forms constitutes cause for denial or revocation of my application for a Certificate of Authority and may subject me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

SWORN AND SUBSCRIBED to before me
this _____ day of _____, 20__

Signature

Notary Public for South Carolina
My Commission Expires: _____

Print your name and relationship
to business