



**STATE OF SOUTH CAROLINA  
DEPARTMENT OF CONSUMER AFFAIRS  
RENEWAL APPLICATION FOR PAWNBROKER CERTIFICATE OF AUTHORITY**

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

S.C. Code Ann. § 40-39-10 et seq. (Supp. 2010)  
[www.consumer.sc.gov](http://www.consumer.sc.gov)  
803-734-4249/800-922-1594

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

1. Company Name/FEIN (if applicable): \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

If company has multiple locations attach a list of locations that includes the business name (if different from above), physical address, contact person, employees and telephone number.

2. I certify that my net worth (assets minus liabilities) still exceeds \$35,000 as of the date of my signature on this application or liability insurance is in force pursuant to 40-39-50 (provide proof of insurance). My Bond/Letter of Credit (**circle one**) expires on \_\_\_\_\_. (If Bond has no expiration date, indicate by "None")
3. List the names and relationship to your business of all owners, employees and corporate officers, if applicable. (Use additional sheets, if necessary). **A Supplemental Form A and criminal background check verification form must be completed only for any previously un-submitted new employees.**

\_\_\_\_\_

\_\_\_\_\_

4. List the name, email address and telephone number of the contact person for your business. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

5. Remit the payment figured below to the *mailing address* above:  
Number of locations \_\_\_\_\_ x 275.00 = \_\_\_\_\_ total fee

6. Current Business Type:  Sole Proprietorship  Partnership  Corporation  LLC (**check one**)

7. Is "Current Business Type", above, a change from previous filing(s)? **YES / NO. (circle one)**.  
If the answer is "No", skip this item, otherwise complete the below.

If business type change is to a **Sole Proprietorship** or **Partnership**, identify owner or partners  
\_\_\_\_\_

If business type change is to **Corporation** or **LLC**, Articles of Incorporation/Organization, a Supplemental Form C, and a new bond, or a rider to the present bond changing name, must be submitted with renewal application.

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 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 name, relationship to business