



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



PAWNBROKER INITIAL APPLICATION FOR CERTIFICATE OF AUTHORITY

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

S.C. Code Ann. § 40-39-10 et seq. & Reg. 28-200

www.consumer.sc.gov
803-734-4249/800-922-1594

Street Address
293 Greystone Blvd., Ste. 400
Columbia, SC 29210-8004

IMPORTANT: This form must be submitted for each location and signed by the owner, partner, member, officer, or director of the business. Print legibly or type information requested on this form in its entirety. Illegible or faxed applications will not be accepted. Incomplete information could result in delay or denial of your application. If any of the information on this form changes, you must notify the Department in writing. When completing the application, attach additional pages as necessary.

GENERAL INFORMATION

Business Name _____

Location Name/DBA _____ Main _____ Branch _____

Type of Business (check one and provide FTIN or SSN in box to right)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	}	Fed Tax ID No. _____
	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership		
	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Sole Proprietorship	}	SSN _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address _____
(If different from above)

City _____ State _____ Zip _____

Website Address _____

Registered Agent _____

Mailing Address _____

City _____ State _____ Zip _____

Contact Person* _____ Telephone No. () - _____

E-mail Address _____ Fax No. () - _____

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

QUESTIONS

1. List all business owners, partners, members, officers, directors, employees or other persons occupying a similar status directly or indirectly controlling the pawnshop. Attach a separate sheet if more space is needed.

(Last name, first name and title)

(Last name, first name and title)

(Last name, first name and title)

(Last name, first name and title)

(Last name, first name and title)

(Last name, first name and title)

- | | Yes | No |
|---|--------------------------|--------------------------|
| 2. Has any State or Federal regulatory agency ever imposed a sanction, suspension, revocation, or other disciplinary action against any of the individuals listed in Question 1?
<i>If "Yes," attach explanation and copy of action taken.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any State or Federal regulatory agency ever denied an application or refused to renew a registration or license of any of the individuals listed in Question 1?
<i>If "Yes," attach explanation and copy of action taken.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

CHECKLIST

Please use this checklist to verify your application is complete. Incomplete information could result in delay or denial of your application.

- Filing fee in the amount of \$275.00
- S.C. Secretary of State Certificate of Existence/Authority
(only if business is a corporation, limited partnership, limited liability partnership, or limited liability company)
To request electronically, go to <https://web.sc.gov/SOSDocumentRetrieval>
- Proof of adequate insurance coverage for all pledged goods in the event of loss by fire, theft burglary or liability to the pledger
- Bond in the amount of \$16,275.00 (must be the original) or Bond Continuation
Bond Company Name: _____ Bond No.: _____
- Owner/Employee Verification Form **for every person listed in Question 1.**
- Criminal Background Check Attestation **for every person listed in Question 1.**

I understand that within twenty-one (21) calendar days after the occurrence of an event that may affect pledged goods, including but not limited to, fire, theft, or judicial proceedings, I am required to file written notice to the Department of Consumer Affairs, describing the event and its expected impact on my business.

I warrant that my signature is duly authorized and delivered by and for the business for which I sign. I swear or affirm and certify that all information contained in this form and any attachments to this form is true, accurate, and complete.

Signature	_____	Title	_____
Print Name	_____	Date	_____

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.