

STATE OF ILLINOIS  
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
DIVISION OF BANKING



APPLICATION FOR A LICENSE TO OPERATE A PAWNSHOP  
PURSUANT TO SECTION 0.05(c)  
OF THE ILLINOIS PAWNBROKER REGULATION ACT

NOTICE TO APPLICANT

Under the provisions of the Illinois Freedom of Information Act [5 ILCS 140/1 et seq.], this application is considered a public document and available to the public upon request.

If the applicant is of the opinion that disclosure of commercial or financial information would likely result in substantial harm to the competitive position of the applicant or its controlling company or that disclosure of information of a personal nature would result in a clearly unwarranted invasion of personal privacy, confidential treatment of such information may be requested. This request for confidential treatment must be submitted in writing concurrently with the submission of the application and must discuss in detail the justification for confidential treatment. Such justification must be provided for each response for which confidential treatment is requested.

The applicant's reasons for requesting confidentiality should demonstrate specifically the harm that would result from public release of the information. A statement simply indicating that the information would result in competitive harm or that it is personal in nature is not sufficient. (A claim that disclosure would violate the law or policy of another state is not, in and of itself, sufficient to exempt information from disclosure. It must be demonstrated that disclosure would meet either the "competitive harm" or "unwarranted invasion of personal privacy" test.)

Information for which confidential treatment is requested should be: (1) specifically identified; (2) separately bound; and (3) labeled "Confidential."

The applicant should follow this same procedure on confidentiality with regard to filing any supplemental information to the application.

The Department of Financial and Professional Regulation will determine whether information submitted as confidential will be so regarded, and will advise the applicant of any decision to make information labeled "Confidential" available to the public. However, the Department without prior notice to the applicant, may disclose or comment on any of the contents of the application in any documents issued by the Department in connection with the Department's decision on the application.

The Department is requesting disclosure of information that is necessary to accomplish the statutory purpose outlined under 205 ILCS 510/0.05(c). Disclosure of this information is **REQUIRED**. Failure to provide all of the required information will result in this form not being processed. This form has been approved by the Agency Forms Coordinator.

# APPLICATION FOR A LICENSE TO OPERATE A PAWNSHOP

## Instructions

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1. Section 0.05(c) of the Pawnbroker Regulation Act provides that it is unlawful to operate a pawnshop without a license issued by the Department of Financial and Professional Regulation, ("Department"). The completion of this application is required in order for the applicant to obtain a license. Failure to properly complete the application or submit the appropriate application fee will result in this application being denied.
2. A **certified check or money order** made payable to the Department of Financial and Professional Regulation, **in the amount of \$2,000 (payable in whole or in two \$1,000 installments)**, must accompany the application. **The application fee is not refundable.**
3. **A separate application is required for each pawnshop location.**
4. All questions must be answered completely. Responses of "no" or "none" should be indicated as such. Response to questions made by referring to other documents is not acceptable. **All information must be typed or printed legibly in ink.**
5. Additional pages may be attached to this application as inserts whenever the space provided in the application is insufficient. Label additional pages with the preceding page number followed by a letter (i.e. 3a, 3b,...).
6. Each of the below listed business entities applying for license must attach a **copy** of the following documents:

**Type of Entity**

**Type of Document(s)**

**Illinois Corporation**

Articles of Incorporation (and any amendments) and Certificate of Incorporation

**Foreign Corporation**

Articles of Authority to conduct business in Illinois

**Limited Liability Company**

Articles of Organization (and any amendments) ("**LLC**") stamped "filed" and marked with the filing date by the Secretary of State

**Foreign LLC**

The Application for Admission (and any amendments) stamped "filed" and marked with the filing date by the Secretary of State

**Partnership**

Partnership Agreement, which is signed and dated by all the Partners

7. Each principal party must:
  - a. Be fingerprinted as part of this application. Fingerprinting will only be required once and those printed will not be required to be reprinted in the future. Persons being fingerprinted must provide the fingerprint vendor with the Division of Banking's account number (called an ORI number) so that the fingerprint results are sent to the correct agency. The Division of Banking's ORI number is **IL920550Z**. Individuals being fingerprinted should be prepared to pay for the fingerprinting services at the time of your printing (vendors charge various fees ranging from \$50 to \$75). A list of approved Illinois State Police Livescan Fingerprint Vendors is available on our web site at: <http://www.obre.state.il.us/CBT/FORMS/Btforms.htm>. This list contains only the vendors' headquarters location. Contact vendors for additional fingerprint locations.
  - b. Submit an "Authorization for Release of Personal Information".

For purposes of this application, principal party means (a) in the case of a sole proprietorship, the owner; (b) in the case of a corporation, any officer, any director, or any shareholder owning 10% or more of the outstanding stock of the pawnshop; (c) in the case of an LLC, any manager or member owning 10% or more of the membership interest in the pawnshop; or (d) in the case of a partnership, any general or limited partner.

8. **Child Support Certification.** A sole proprietor applying for a license shall certify, under penalty of perjury, whether or not he or she is more than 30 days delinquent in complying with a child support order as required in Section 10-65 of the Illinois Administrative Procedure Act [5 ILCS 100/10-65]. Failure to so certify shall result in disciplinary action, and the making of a false statement may subject the licensee to contempt of court.
9. Based upon the type of business entity applying for license, the following individuals must sign this application:

<b><u>Type of Entity</u></b>	<b><u>Individual(s)</u></b>
<b>Sole Proprietorship</b>	Owner
<b>Corporation</b>	Two Officers, unless there is only one officer in the corporation
<b>LLC</b>	If the LLC is managed by a manager or managers then all managers; otherwise all members
<b>Partnership</b>	All General Partners

10. **Proof of Insurance.** No pawnbroker shall conduct business in this State, unless the pawnbroker maintains insurance coverage covering all hazards equal to at least 2 times the aggregate value of the outstanding loans for items held in pawn. Such insurance shall be obtained from an insurance company authorized to do business in Illinois.

The pawnbroker shall attach a copy of proof of insurance coverage with this application. A pawnbroker or an insurance company shall not cancel the insurance coverage except upon notice to the Secretary by certified mail, return receipt requested. The cancellation is not effective prior to 30 days after the Secretary receives the notice. (Source: P.A. 96-1365, eff. 7-28-10.)

11. Should a license be approved by the Department, the license will be mailed to the person identified as the primary contact person in the application, unless otherwise requested by the applicant.
12. This application should be filed with, and any questions concerning this application should be directed to:

**Department of Financial and Professional Regulation  
Division of Banking  
Pawnbroker Regulation Section  
320 West Washington Street  
Springfield, Illinois 62786**

**312-793-2253 (Chicago)  
217-785-2900 (Springfield)  
217-557-0330 (Fax)  
Email: IL.Pawnbrokers@illinois.gov**

#### Processing of Application

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The Department will evaluate all applications within 30 business days from receipt and acknowledge completeness, identify deficiencies and request additional information, if necessary. A completed application is one which conforms to the instructions provided in the application package and for which all fees have been paid. The application fee is not refundable.

If a completed application has not been filed with the Department within 30 business days after the Department's request for additional information, the application shall be denied and the application fee forfeited, unless a further extension of time has been granted by the Department.

Upon approval, the Department will forward the license to the address of the primary contact person identified in the application. This license is to be prominently displayed in the licensed pawnshop.

If the Department denies your application, you will be provided an opportunity to petition the Department for reconsideration within 30 business days of receipt of the written notice of denial. Should you decide to petition the Department, the petition must be in writing and should: address the reason(s) for denial as cited by the Department, specify reasons why the Department should reconsider the decision and provide relevant information which supports the reasons set forth above.

**APPLICATION FOR LICENSE  
UNDER THE PAWNBROKER REGULATION ACT  
TO OPERATE A PAWNSHOP**

1. Name of person or business entity who will own pawnshop (hereafter called Applicant):	
2. Name of the pawnshop under which the applicant will operate:	
<p>(If the name of the pawnshop is different from the name of the applicant, attach a copy of the approved assumed corporate or limited liability company name registration from the Illinois Secretary of State or a copy of the approved assumed business name registration from the County Clerk of the County in which business is to be conducted.)</p>	
3. List the complete address where the pawnshop will be located and the business telephone number. Also provide the Illinois Business Tax Registration Number (Illinois Sales Tax Number) assigned to the pawnshop by the Illinois Department of Revenue.	
Street:	P.O. Box:
City:	County:
Zip Code:	
Telephone Number: (     )	Fax Number: (     )
Illinois Business Tax Registration Number: (Illinois Sales Tax Number)	
4. Applicant Is:	
<input type="checkbox"/> Sole Proprietor  <input type="checkbox"/> Limited Liability Company  <input type="checkbox"/> Limited Partnership	<input type="checkbox"/> General Business Corporation  <input type="checkbox"/> General Partnership  <input type="checkbox"/> Other (Describe) _____  _____

5. List the address and the social security number/federal employer identification number ("FEIN") of the applicant.

Street: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number/FEIN: \_\_\_\_\_

6. Please provide a principal contact person whom supervisory personnel from this Agency should contact in regard to matters concerning this pawnshop.

Name of Principal Contact Person: \_\_\_\_\_

Street: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (        )                      Fax Number: (        )

Email: \_\_\_\_\_

7. **PARTNERSHIPS, CORPORATIONS, and LIMITED LIABILITY COMPANIES:**

**Partnerships:** List the full name, residence address and social security number of each partner. Identify whether the partner is a general partner (G) or limited partner (L). Also, indicate the percentage of ownership held by each partner as of the date of this application.

**Corporations:** List the full name, official title, social security number, and residence address of each principal party. Also indicate the percentage of ownership in relation to the total number of shares outstanding as of the date of this application.

**Limited Liability Companies:** List the full name, official title, social security number, and residence address of each principal party. Also indicate the percentage of ownership in relation to the total number of the membership interests outstanding as of the date of this application.

**NOTE:** If any partner, limited liability company member, or shareholder is business entities and not individuals, use the FEIN for the social security number and the principal business address in place of the home address.

A. Name: \_\_\_\_\_

Title: \_\_\_\_\_ %Ownership: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

B. Name: \_\_\_\_\_

Title: \_\_\_\_\_ %Ownership: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

C. Name: \_\_\_\_\_

Title: \_\_\_\_\_ %Ownership: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

D. Name: \_\_\_\_\_

Title: \_\_\_\_\_ %Ownership: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

8. Have you or any company with which you were associated been arrested for, charged with, indicted for, or convicted, or ever pleaded nolo contendere (no contest) to, ANY criminal matter (other than minor traffic violations)?

No       Yes

**If yes, please provide a complete explanation which includes, at a minimum, the name of the offender, the type of offense, the date the offense occurred and any mitigating circumstances.**

(Attach additional pages if necessary)

9. Has the applicant or any principal party ever been adjudged bankrupt or placed in receivership?

No       Yes

**If yes, please provide a complete explanation which includes, at a minimum, the name of the person or business entity, the type of bankruptcy or receivership, the date of occurrence and any mitigating circumstances.**

(Attach additional pages if necessary)



10. **Proof of Insurance.** In order to conduct business in the State of Illinois, the pawnbroker must attach a Certificate of Insurance issued by a company authorized to do business in Illinois, providing coverage for all hazards equal to at least 2 times the aggregate value of the outstanding loans for items held in pawn.

11. Has the applicant or any principal party had a business or professional license issued by a governmental agency suspended, revoked or otherwise disciplined?

No       Yes

**If yes, please provide a complete explanation which includes, the type of business or professional license, the governmental agency, the date of the licensing action and any mitigating circumstances.**

(Attach additional pages if necessary)

12. Do you now or have you ever operated a pawnshop in Illinois or any other state? If so, what are the names and locations of the shops.

Name	Address

(Attach additional pages if necessary)

**13. CHILD SUPPORT CERTIFICATION. (TO BE COMPLETED BY SOLE PROPRIETORS ONLY)**

**Each sole proprietor must certify to one of the following statements.**

***NOTE: Failure to so certify shall result in disciplinary action, and the making of a false statement may subject the licensee to contempt of court. Failure to certify may also result in a delay in the processing of the application or may result in the application being denied.***

I certify, under penalty of perjury that:

- A. I am not more than 30 days delinquent in complying with a child support order.
- B. I am more than 30 days delinquent in complying with a child support order. (If checked, attach a copy of a payment plan approved by the applicable child support enforcement agency.)
- C. I am not subject to a child support order.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Printed Name of Applicant)

\_\_\_\_\_  
(Date)

**14. Please provide a primary contact person to whom questions and other inquiries should be directed concerning this application. (This person will be notified of the Department's decision to approve or deny the application. If approved, the license will be mailed to the address provided below.)**

Name of Primary Contact Person: \_\_\_\_\_

Street: \_\_\_\_\_

PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

The undersigned hereby submits this application and upon oath states that all statements made in it are true, correct, and complete and remade for the purpose of obtaining approval for a change in the control and/or form of ownership of a pawnshop.

If approved by the Department, the undersigned hereby agrees to abide by and conform to the Illinois Pawnbroker Regulation Act, rules promulgated in accordance with the Act, any order issued by the Department and all other applicable laws.

The undersigned further certifies that (s)he is authorized to sign this application and further understands that the submission of any false or misleading statement may be grounds for denial or revocation of license.

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Signature	Title	Date
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Signature	Title	Date
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Signature	Title	Date
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Signature	Title	Date
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Signature	Title	Date
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Signature	Title	Date
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**DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
DIVISION OF BANKING  
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

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I, \_\_\_\_\_, do hereby authorize a review by and full disclosure to the Department of Financial and Professional Regulation and its authorized agents or independent contractor(s), of all records concerning myself held by any person, entity or agency whether said records are of a public, private or confidential matter.

This authorization gives my consent for full and complete disclosure of records of educational institutions, financial or credit information (including records of loans), records of commercial or retail credit agencies (including credit reports and ratings), and other financial statements and records wherever filed, employment and pre-employment records (including background reports, efficiency ratings, complaints or grievances filed by or against me) and records and information pertaining to any case, whether criminal or civil, in which I have or had an interest.

I understand that any information, including criminal history records of any law enforcement agency, whether federal or state, which is developed directly or indirectly, in whole or part, upon this release authorization will be furnished only to the Department of Financial and Professional Regulation and its authorized agents or independent contractor(s). I do hereby release said person(s), entity(ies) or agency(ies) from any and all liability which may be incurred as a result of furnishing such information provided that the person, entity or agency released such information in good faith and reasonably believed that the information to be accurate. I further release the Department of Financial and Professional Regulation and its authorized agents or independent contractor(s) from any and all liability which may be incurred as a result of collecting such information. I further understand that the Department of Financial and Professional Regulation reserves the right to perform additional investigations but will contact the individual prior to assessing additional charges.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information."

\_\_\_\_\_  
Printed Name  
(Last, First, Middle Initial-Include Maiden Name)

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Area Code and Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

**INFORMATION REQUIRED FOR CRIMINAL HISTORY CHECKS:**

Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Sex:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Race:	White	<input type="checkbox"/>	African American	<input type="checkbox"/>
	Native American	<input type="checkbox"/>	Asian American	<input type="checkbox"/>
	Hispanic	<input type="checkbox"/>	Other	<input type="checkbox"/>

## ***PRIVACY ACT NOTICE***

The Department of Financial and Professional Regulation (DFPR) has requested that you disclose your social security number (SSN) in connection with an application. The federal Privacy Act of 1974 requires a government agency, such as DFPR, that requests disclosure of an individual's SSN to inform the individual whether the disclosure is mandatory or voluntary, by what authority the request is made, and what uses will be made of the individual's SSN. See 5 U.S.C. §552a (note). Your SSN is not public information and will not be released to the general public.

***Individual Applications*** – If your SSN has been requested in connection with an application submitted on your own behalf, including an application submitted by you as a sole proprietorship, disclosure of your SSN is mandatory pursuant to state and federal laws regarding child support enforcement. See 5 ILCS 100/10-65 and 42 U.S.C. §666(a)(13).

***Entity Applications*** – If your SSN has been requested in connection with an application submitted by an entity (corporation, partnership, limited liability company, trust, etc.), disclosure of your SSN is voluntary. DFPR requests SSNs from individuals associated with entities to allow DFPR and the Secretary of the Department of Financial and Professional Regulation (Secretary) to administer and implement the legislative acts under which DFPR and the Secretary have powers and duties, including the making of determinations and findings in connection with applications submitted to DFPR. Failure to provide your SSN in connection with the application to which your SSN relates may cause delays in processing the application and may ultimately lead to an inability of DFPR and/or the Secretary to make certain determinations or findings necessary to decide whether to approve the application.

***Uses of Your SSN*** – Regardless of whether your disclosure of your SSN to DFPR was mandatory or voluntary, DFPR may, depending on applicable circumstances, use or disclose your SSN:

- As an identifier for the purpose of categorizing, storing, or locating DFPR's internal records and data;
- To verify your identity when DFPR receives information from a third party if such information includes a SSN as an identifier;
- To any source from which information is requested in the course of any investigation or examination conducted by DFPR, including investigations and examinations unrelated or subsequent to the application process, to the extent necessary to identify you. This includes, but is not limited to, disclosures made to law enforcement and credit reporting agencies to allow such agencies to initiate investigations and provide criminal and credit histories to DFPR;
- In connection with an administrative proceeding or litigation relating to an application;
- To comply with a subpoena, summons, warrant, or court order;
- To any person, entity, or government agency when DFPR is required to disclose a SSN by applicable law; and
- To an entity or government agency when DFPR determines that such entity or government agency has a legitimate regulatory or law enforcement interest. This includes, but is not limited to, disclosures made pursuant to sharing agreements between DFPR and other entities or government

agencies and disclosures made to the Illinois Department of Healthcare and Family Services, the Illinois Department of Revenue, and the Illinois Student Assistance Commission.