



STATE OF ILLINOIS

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

DIVISION OF BANKING

APPLICATION FOR LICENSE RENEWAL UNDER THE PAWNBROKER REGULATION ACT

**APPLICATION TO THE
STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF BANKING
PAWNBROKER REGULATION SECTION**

To obtain a license to operate a pawnshop in accordance with the provisions of the Pawnbroker Regulation Act ("Act") [205 ILCS 510] and rules promulgated thereunder.

I. Application Instructions

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. This application has been approved by the Agency Forms Coordinator.
2. Attached to the application is a "Designation For Automated Clearinghouse (ACH) Payment of Pawnbroker License Fee" that must be completed and accompany the application. **Please note the application fee is \$1,000. 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. Responses to questions made by referring to other documents are 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. Based upon the type of business entity applying for license, an "Authorization for Release of Personal Information" form must be completed for each of the following individuals:

<u>Type of Entity</u>	<u>Individual(s)</u>
Sole Proprietorship	Owner
Corporation	Any Officer; Any Director; and Any shareholder owning 10% or more of the outstanding stock issued by the corporation
LLC	Any manager; and Any member owning 10% or more of the LLC membership interest or units
Partnership	Any Partner, whether General or Limited

7. **For the purposes of Questions 3 and 5** - "Principal party" means any officer or director of a pawnshop or a corporation that owns or seeks to own a pawnshop; any manager of a limited liability company that is a pawnshop or that owns or seeks to own a pawnshop; any shareholder or member owning 10% or more of the outstanding stock or membership interests of a pawnshop or a business entity that owns or seeks to own a pawnshop; or any partner, whether general or limited, of a partnership that is a pawnshop or that owns or seeks to own a pawnshop.
8. **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.)

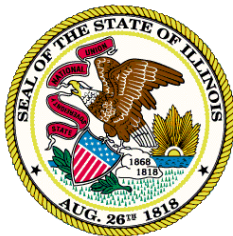
9. **Child Support Certification.** A sole proprietor applying for license shall certify, under penalty of perjury, whether or not he or she is more than 30 days delinquent in complying with a child support order as required in section 10-65 of the Illinois Administrative Procedure Act [5 ILCS 100/10-65].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

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

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, 5th Floor
Springfield, Illinois 62786

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



APPLICATION FOR LICENSE RENEWAL UNDER THE PAWNBROKER REGULATION ACT

1. Name and Address of the Pawnshop under which the Applicant will operate.

License Number:

Name:

Address:

City:

State:

Zip Code:

Telephone Number: ()

Fax Number: ()

Pawnshop Website:

Email Address:

The following information is the name and address currently on file of the contact person for the above named pawnshop:

Primary Contact:

Address:

City:

State:

Zip Code:

Telephone Number:

E-mail Address:

Please make sure the above information is accurate, if anything is incorrect please cross it out and write the correct information in the space immediately following the incorrect information.

2. 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)

3. 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)

4. Do you now or have you ever operated a pawnshop in any other state?

No

Yes

If yes, please provide the name and address of each pawnshop, and if closed, indicate the year the shop was operational.

(Attach additional pages if necessary)

5. 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)

6. **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.

The undersigned hereby submits this application and upon oath states that all statements made in it are true, correct, and complete and are made for the purpose of securing a license under the Pawnbroker Regulation Act.

If granted a license as applied for, 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.

Signature	Printed Name	Title	Date
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Signature	Printed Name	Title	Date
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Signature	Printed Name	Title	Date
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Signature	Printed Name	Title	Date
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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)

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

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

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.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF BANKING
PAWNBROKER REGULATION SECTION

DESIGNATION FOR AUTOMATED CLEARINGHOUSE PAYMENT OF PAWNBROKER LICENSE FEE

License Number:

Name:

Address:

City, State, Zip:

Instructions on completing this form:

1. On the form below, please indicate the name and address of the financial institution where your account is held.
2. At the bottom of your check or deposit slip there are a series of numbers. The first set of numbers is the routing number of your financial institution. The second set of numbers is your account number. Please write these numbers in the designated areas below.
3. Attach to this form a voided check or voided deposit slip for the account that you are designating.

(Please type or print legibly)

FINANCIAL INSTITUTION _____

NAME ON ACCOUNT _____

INSTITUTION ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

ROUTING TRANSIT NUMBER OF FINANCIAL
INSTITUTION ABOVE (9 digit number)

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ACCOUNT NUMBER TO BE DEBITED
(17 digit maximum)

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TYPE OF ACCOUNT (Please check one):

Checking Account

Savings Account

The undersigned hereby acknowledges that the Department of Financial and Professional Regulation ("Department") will initiate a debit entry to the account at the financial institution designated above for the purpose of collecting the assessed annual renewal license fee in accordance with Section 0.05 of the Pawnbroker Regulation Act, 205 ILCS 510/0.05.

The undersigned agrees to notify the Department by written notification or by calling (217) 785-2900 to change either of the above designated Routing Transit Number or Account Number at least 30 days prior to the established payment date.

The undersigned acknowledges that failure to allow the Department of Financial and Professional Regulation to debit the annual renewal license fee from the designated account above or to ensure that funds in an amount at least equal to the invoiced amount are available to the Department for direct debit shall be deemed to constitute nonpayment of the license fee.

Name of Owner, Designated Representative, or Manager [Please Print] _____

Title [Please Print] _____

Phone Number _____ Email _____

Signature _____ Date _____

Please complete and return to:
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF BANKING
PAWNBROKER REGULATION SECTION
320 West Washington Street, 5th Floor
Springfield, IL 62786