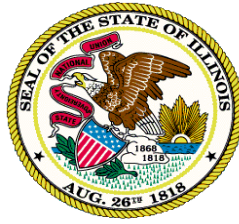


STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF BANKING



APPLICATION FOR A CHANGE IN CONTROL
OR
A CHANGE IN THE FORM OF OWNERSHIP OF AN ILLINOIS PAWNSHOP
PURSUANT TO TITLE 38 ILLINOIS ADMINISTRATIVE CODE PART 360
LICENSING AND REGULATION OF PAWNBROKERS

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 Section 360.150 (38 Ill. Adm. Code 360). 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 CHANGE IN CONTROL
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OF AN ILLINOIS PAWNSHOP

Instructions

1. Section 360.150 of Part 360 Licensing and Regulation of Pawnbrokers (38 Ill. Adm. Code 360) provides that no change in control or form of ownership of a pawnshop shall occur until approved by the Department of Financial and Professional Regulation ("Department"). A "change in control" means a change involving the sale, assignment or transfer of a pawnshop; the addition or elimination of any general or limited partner; or a 10 percent or more change in the ownership of the outstanding stock, or membership interest, of a corporation which owns a pawnshop. A "change in the form of ownership" means a change from one type of business entity to another type of business entity (e.g. sole proprietorship to partnership, corporation to sole proprietorship).
2. The application must be filed, by the acquiring party, not less than 30 days prior to the anticipated change in control or change in the form of ownership. Failure to properly complete the application or submit the appropriate application fee will result in this application being denied. This application will be processed in accordance with Section 360.210 of Part 360 Licensing and Regulation of Pawnbrokers (38 Ill. Adm. Code 360).
3. A certified check or money order made payable to the Department of Financial and Professional Regulation, in the amount of \$300, must accompany the application. The application fee is not refundable.
4. For the purposes of Questions 6, and 7 - "Acquiring 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.
5. Question 9 Child Support Certification - If a change in the form of ownership is being applied for and the resulting business entity which will own the pawnshop is a sole proprietorship, the acquiring party must 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.
6. The acquiring party (if corporation, two officers) seeking the change in control or form of ownership of the pawnshop must sign the application.

7. 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, IL 62786**

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

Attachments

1. If you are requesting a change in the form of ownership of the pawnshop from one type of business entity to another, attach a copy of the following documents of the acquiring party:

<u>Type of Entity</u>	<u>Type of Document(s)</u>
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
Partnership	Partnership Agreement which is signed and dated by all the Partners

2. If you are requesting a change in the form of ownership of the pawnshop from one type of business entity to another, attach a copy of an assumed business name registration filed with either the Secretary of State (if, corporation) or the County Clerk of the county in which business is to be conducted (if, partnership or sole proprietorship) if the name of the pawnshop is not the same as the name of the acquiring party.

3. Each acquiring 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 attached to this application. 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, acquiring 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 any 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.

**APPLICATION FOR A CHANGE IN CONTROL
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A CHANGE IN THE FORM OF OWNERSHIP
OF AN ILLINOIS PAWNSHOP**

1. Provide the name, address and license number of the pawnshop affected:
License Number: _____
Name of Pawnshop: _____
Address: _____
City, State, Zip Code: _____
2. The acquiring party is seeking a (check appropriate box):
<input type="checkbox"/> Change in Control <input type="checkbox"/> Change in the Form of Ownership
<input type="checkbox"/> Change in Control and Form of Ownership
3. List the name, address and the social security number/federal employer identification number ("FEIN") of the individual (if a sole proprietorship or stockholder) or business entity (if a corporation or partnership) which is seeking the change in control and/or the change in the form of ownership.
Name of Acquiring Party: _____
Address: _____
City, State, Zip Code: _____
Social Security Number/FEIN: _____
Business Phone: _____ Fax Number: (_____) _____
4. Describe the type of change being proposed by the applicant below and what type of entity will result (i.e.: General Business Corporation, Partnership etc):

5. Have you or any company with which you were associated been arrested for, charged with, indicted for, or convicted (including a conviction in which the record was expunged), 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)

6. Has the applicant or any acquiring party ever had any 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)

7. Has the applicant or any acquiring 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)

8. 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 a result of this change.

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 a result of this change.

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 a result of this change.

NOTE: *If any partner, limited liability company member, or shareholders are 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: _____

B. Name: _____
Title: _____ %Ownership: _____ Social Security #: _____
Home Address: _____
City, State, Zip Code: _____

C. Name: _____
Title: _____ %Ownership: _____ Social Security #: _____
Home Address: _____
City, State, Zip Code: _____

D. Name: _____
Title: _____ %Ownership: _____ Social Security #: _____
Home Address: _____
City, State, Zip Code: _____

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

If requesting a change of form of ownership, which results in a sole proprietorship, the acquiring party 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)

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 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.

Signature Title Date

Signature Title Date

Signature Title Date

Signature Title Date

Signature Title Date

Signature Title 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 Public Aid, the Illinois Department of Revenue, and the Illinois Student Assistance Commission.



Livescan Fingerprint Vendor Information

December 8, 2008

The following companies have authorized the dissemination of their company name as livescan fingerprinting service providers. This list is being provided for information purposes only. The Illinois State Police does not endorse any particular vendor appearing on this list. Please contact the vendor directly to obtain any information regarding the products and services they provide.

A Fingerprinting US Photo
125 S. Clark Street
Chicago, IL 60603
312-782-8144
www.fingerprintingchicago.com

Accurate Biometrics
4849 N. Milwaukee
Suite 101
Chicago, IL 60630
866-361-9944
www.accuratebiometrics.com

AGB Investigative Services,
Inc.
2445 West 71st Street
Chicago, Illinois 60629
773-476-8310
www.agbinvestigative.com

American Heritage Protective
Srvcs
5100 West 127st Street
Alsip, Illinois 60803
708-388-7900
www.apservices.com

Andy Frain Services
761 Shoreline Drive
Aurora, Illinois 60504
630-820-3820
www.andyfrain.com

Anthony's Mobile
Fingerprinting
10 South Riverside Plaza
Suite 1800
Chicago, Illinois 60606
312-474-6394
www.thefingerprintman.com

AP Private Detective Agency
LTD
16958 Dixie Highway
Hazel Crest, Illinois 60429-2428
708-335-3500
apprivatedetective@yahoo.com

Argus Services, Inc.
123 West Madison Street
Suite 1650
Chicago, Illinois 60602
312-922-6766
rkurz@argus_services.com

Background Resources, Inc.
29 W. 140 Butterfield Road,
Suite 105
Warrenville, Illinois 60555
630-873-2270
www.backgroundresources.com

Big River Investigations
4 Quail Ridge
Pittsfield, Illinois 62363
217-228-9114
www.bigriversinvestigations.com

Browder's Maximum Security
Services, Inc.
2010 S. Wabash
2 Front
Chicago, Illinois 60616
312-225-7900
maxsec@sbcglobal.net

Bushue Human Resources
104 North Second Street
Effingham, Illinois 62401
217-342-3042
www.bushuehr.com

CLS Background Investigations
13231 West 143rd Street Suite
103
Homer Glen, Illinois 60491
815-836-0236
www.cls-ent.com

De Kalb Police Department
200 South Fourth Street
De Kalb, Illinois 60115
815-748-8400
www.cityofdekalb.com

Digby's Detective and Security
Agency, Inc.
2630 South Wabash Ave.
Chicago, Illinois 60616
312-326-1100
www.digbysecurity.com

Fact Finders Group, Inc.
4747 Lincoln Mall Drive
Suite 415
Matteson, Illinois 60443
708-283-4200
www.factfindersgroup.com

Futures in Rehab Management,
Inc.
206 South Sixth Street
Springfield, Illinois 62701
217-753-1190
www.verifyinc.com

Infotrack Information Services
111 Deerlake Road
Suite 105
Deerfield, Illinois 60015
847-444-1177
www.infotrackinc.com

Integrated Biometric
Technology
1650 Wabash Ave. Suite D
Springfield, Illinois 62704
800-377-2080
www.ibtfingerprint.com

United Security Services, Inc.
1550 South Indiana
Suite 300
Chicago, Illinois 60605
312-922-8558
www.usesecurity.com

Kevin W. McClain Inv., LTD
202 South Broadway
Central City, Illinois 62801
618-532-1152
www.mcclaininvestigations.com

Merchants Police
On-Line Security Systems
618 E. State Street
Rockford, Illinois 61104
815-964-9900
www.merchantspolice.com

Official Fingerprint Provider
1714 S. Ashland Avenue
Chicago, Illinois 60608
312-942-1200
www.official1.us

Rich Wooten & Associates
547 East 75th Street
Chicago, Illinois 60619
773-651-3826
rawooten@msn.com

Security Training Solutions
4925 Stone Falls Center Drive
Suite C
O'Fallon, Illinois 62269
618-257-9106
www.hamiltonsecurity.com

The Security Professionals, Inc.
5650 S. Archer Ave.
Chicago, Illinois 60638
773-581-8181
www.secprosinc.com

Trace Identity Services
222 Vollmer Road, Suite AC
Chicago Heights, IL
708-754-2900
www.traceidentitysi.com