Application is hereby made for a pawnshop license pursuant to the Mississippi Pawnshop Act, Section 75-67-301, et seq., Miss. Code Ann.

1. Business Name (including d/b/a, if applicable)

2. Business Location Address: _______________________________________________________
   Street Address
   Post Office Box (If applicable)

   City    County    State    Zip Code

   Telephone Number: __________________________ Fax Number: __________________________

3. Hours of Operations: ____________________________________________________________

4. Business Type: □ Sole Proprietorship □ Partnership □ Limited Liability Company □ Corporation

5. If Corporation: Incorporated under the laws of the State of: __________________________

6. Website Address: _______________________________________________________________

7. E-Mail Address: _________________________________________________________________
8. The name, residence, and percentage of ownership of each owner, partner, director, and principal officer of the company.

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<th>Name</th>
<th>Residence, City, State, Zip</th>
<th>Telephone Number</th>
<th>% of Ownership</th>
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9. Has there been a change in ownership or structure of the licensed company since the previous application?
   ☐ Yes ☐ No  **If yes, explain on a separate sheet.**

10. Are you currently licensed or have you ever been licensed in this or any other state(s) as a Pawnbroker?
    ☐ Yes ☐ No  **If yes, list state(s)______________________________________________**

    If currently licensed or conducting business, please list the state(s) and the name and address of the regulatory agency. If not currently licensed or conducting business, but have in the past, please list the state(s) and the name and address of the regulatory agency, and the time periods you were licensed or conducting business.

                                      ____________________________________________
                                      ____________________________________________

11. List all other offices in Mississippi at which a pawnbroker business is or will be conducted that are affiliated with applicant, or any owner, partner, director, or principal officer of the applicant. Include business name, address, and phone number of each office.

                                      ____________________________________________

12. Has any owner, beneficial owner, member, officer or director of the business been convicted of a felony in the last ten (10) years in this or any other state? ☐ Yes ☐ No  **(If yes, please explain on a separate sheet)**

13. Has any owner, beneficial owner, member, officer or director had a pawnshop license suspended, denied or revoked by any government agency? ☐ Yes ☐ No  **(If yes, please explain on a separate sheet)**

14. Have you ever been in violation of the Mississippi Pawnbrokers Act, or been connected directly or indirectly with any business convicted of such violations or been connected directly or indirectly as principal or employee with any business licensed under this Act or similar Acts of other states, which license was suspended, denied or revoked? ☐ Yes ☐ No  **(If yes, explain of separate sheet)**

15. Do you understand that any false or misleading statements may be grounds for denial or revocation of your license? ☐ Yes ☐ No

16. **For renewal applications only:**

    Total Number of Pawnbroker transactions outstanding as of 09/30: ______________
    Total Dollar Amount of Pawnbroker transactions outstanding as of 09/30: ____________________
17. **Please use the following checklist to verify that your application is complete:**

- 1. **License Fee:** Official bank check or money order made payable to the Department of Banking And Consumer Finance in the amount of $500.00 (initial license fee) or $350.00 (renewal license fee).  **We do not accept personal or company checks.**

- 2. **Surety Bond:** Submit a surety bond (form enclosed) in the amount of Ten Thousand Dollars ($10,000.00) for each location, payable to the State of Mississippi, or in lieu of a surety bond, you may submit cash, a certificate of deposit, or government bonds in the amount of Ten Thousand Dollars ($10,000) for each location. Please use the enclosed Deposit in Lieu of Surety Bond form. (See #2 of the instructions) Photocopy bond forms as needed.

- 3. **Contact Sheet (enclosed)**

- 4. **Fingerprint card(s) —** Fingerprint cards must be made by a local law enforcement agency on the enclosed fingerprint cards. Due to Quality Control with the submission of the fingerprints, it is imperative that fingerprints are kept within the box on the card. They will be rejected if this procedure is not done correctly and will cause a delay in processing your application. If applicant is an individual or partnership, submit prints for each owner/partner. If applicant is a Limited Liability Company (LLC), submit prints on all members, if no more than five (5). If there are more than five (5) members, submit prints on the member authorized to sign on behalf of the LLC and two other key policy making members. If applicant is a corporation, submit prints on the majority stockholder (owns more than 50%). If there is no majority stockholder, submit prints on all stockholders, if no more than five (5). If there are more than five (5) stockholders, submit prints on the stockholder authorized to sign on behalf of the corporation and two other key policy making stockholders. **For renewal applications:** **Fingerprints are required for this renewal period.** If you have any questions concerning the fingerprint cards, please call the Department’s Pawnbroker Division at (601) 321-6901.

- 5. Pursuant to a recent amendment to the Mississippi Pawnshop Act, you are now required to obtain six (6) hours of continuing education each year. In order to obtain a new license or renew your license, you must attend one of the classes offered by the Mississippi Pawnbrokers Association. **A copy of your certificate must be submitted with your application.**

This application must be completed and all of the requested information attached or the entire application will be returned to you for proper attention, which will delay the licensing process.

Please mail the completed application to:

Department of Banking and Consumer Finance  
Attn: Consumer Division  
P.O. Box 12129  
Jackson, MS 39236-2129

(Over)
Please be aware that §97-7-10, Miss. Code Ann., provides that, "Whoever, with intent to defraud the state or any department, agency, office, board, commission, county, municipality or other subdivision of state or local government, knowingly and willfully falsifies, conceals or covers up by trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall, upon conviction, be punished by a fine of not more than Ten Thousand Dollars ($10,000.00) or by imprisonment for not more than five (5) years, or by both such fine and imprisonment”.

The undersigned swears or affirms and certifies that all information given in this application and all documents furnished as required for a license are true and accurate. The undersigned further certifies that giving false information in this application or any supplemental forms constitutes cause for denial or revocation of the application or license and subject to criminal prosecution for perjury. The undersigned acknowledges that upon renewal of an existing license, if applicable, all violations noted in prior Examination Reports of the Mississippi Department of Banking and Consumer Finance have been corrected or are in the process of being corrected. The undersigned also acknowledges and agrees to update and correct information as it changes.

Date: ________________

Name of Company

(Corporate Seal) BY: ________________________________

Name (please print) Title

Signature

AFFIDAVIT

State of __________________________

County of __________________________

Personally appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the within named __________________________ who after first being by me duly sworn, states on oath that the statements contained in the foregoing application and all supporting documents are true, accurate and complete answers to each of the questions contained therein.

Sworn to and subscribed before me the undersigned notary on this the ___ day of ______________ 20___.

(Notary Seal) Notary Public ________________________________

My Commission Expires: ________________________________