

APPLICATION FOR PAWNBROKER'S LICENSE

1. Name of Applicant _____
(If not a corporation, give the name under which business will be conducted)
2. DBA/Trade/Fictitious Name: _____
3. Operating Status
☐ Sole Proprietor ☐ Partnership ☐ Corporation
4. If partnership, submit a copy of your partnership agreement.
5. If a sole proprietor or partnership, attach a separate sheet, marked "**Schedule 1**," and include the name, social security number, residence address, city, state, zip code and official capacity of each.
6. If a corporation, attach a separate sheet, marked "**Schedule 2**," all officers and directors, and include name, residence address, city, state, zip code and official capacity of each.
7. If a corporation, complete the following:
 - a) Date incorporated _____ Under the laws of the State of _____
 - b) Address of main office _____
 - c) Classifications and amount of shares authorized by Articles of Incorporation as amended to date:

| | Par | Authorized | Outstanding |
|-----------------|-------|------------|-------------|
| Common _____ | _____ | _____ | _____ |
| Preferred _____ | _____ | _____ | _____ |

Amount of any subordinated debt outstanding \$ _____
 - d) Under what corporate name is subordinated debt issued? _____
 - e) List the names of all persons holding beneficially or otherwise more than 5% of the outstanding voting shares:

 - f) Submit a copy of the Articles of Incorporation with this application.
8. Submit a current financial statement, prepared by an accounting firm acceptable to the Secretary, showing net assets of at least \$75,000, fifty percent of which shall be in cash, for each place of business to be conducted by the applicant. If not, complete the enclosed Financial Statement and attach it as part of the application.

9. If a foreign corporation:

Submit a copy of the certificate of authority, issued by the CNMI Registrar of Corporations, to transact business as a foreign corporation in the CNMI.

10. Will any other type of business be operated from this proposed location? ? Yes ☐ No ☐

If the answer is yes, attach a separate sheet, marked "**Scheduled 3**," explaining what type of other business will be conducted.

11. Is the applicant, or any other corporation, association or partnership with which the applicant is associated or affiliated, the holder of a pawnbroker license, or similar type license, or have the authority to conduct this or similar type of business in the CNMI or any other state? Yes ☐ No ☐

If the answer is yes, attach a separate sheet, marked "**Schedule 4**," giving the name(s) of the license holder(s), indicate state(s) in which licensed, and submit copies of the licenses (or letters of approval or authorization issued by other states).

12. Has any court or regulatory body, either federal or any other state, ever canceled, suspended, fined revoked or did not renew the authority of applicant, or of any corporation, association, or partnership with which applicant, or affiliate, regarding any pawnbroker license, or similar type license, letter or approval to conduct business, etc. or was any application thereto denied under this name or any other? Yes ☐ No ☐

If the answer is yes, attach a separate sheet, marked "**Scheduled 5**," giving complete details.

13. Has applicant, or have any partners, corporate officers, directors or employees of applicant, ever been arrested for, charged with or convicted of any violation of any federal, state or local civil or criminal statute? Yes ☐ No ☐

If the answer is yes, attach a separate sheet, marked "**Schedule 6**," giving complete details.

14. Each sole proprietor, partners, or corporation, must complete the enclosed "**Schedule A**," which shall accompany the application and become a part thereof by reference.

15. Submit copies of your **proposed** pawn tickets, purchase forms, and legal notices to be used in this business. **Do not order any tickets, forms, or notices until your application is approved.**

16. Name, address and contact number of proposed office manager _____

Attach a separate sheet, marked "**Schedule 7**," detailing manager's related experience and if the manager is knowledgeable regarding the CNMI Pawnbrokers Act of 1998.

17. Indicate the days and business hours of the proposed office. _____

18. Show the full business name, as it will appear on the outside sign of the proposed office.

19. List below all employees, excluding owners, of this business. (If none, please indicate). Attach a separate sheet, marked "**Schedule 8**," if additional space is needed.

| Name | Address | City/State | Zip Code |
|------|---------|------------|----------|
|------|---------|------------|----------|

Name Address State/State Zip Code

20. Indicate the name(s) and phone number(s) of the person(s) to contact regarding the completion and content of this application.

ATTESTATION

I (We) swear that this application and any attachments have been prepared or carefully reviewed by me (us) and constitute a complete, truthful, and correct statement of all information required herein. I realize that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of this application or revocation of any license granted hereunder, and is subject to criminal prosecution under relevant CNMI statutes.

By _____
(Signature)

By _____
(Print Name) Title Date

By _____
(Signature)

By _____
(Print Name) Title Date

By _____
(Signature)

By _____
(Print Name) Title Date

The person or persons whose signatures appear above personally appeared before the undersigned, a Notary Public in and for the Commonwealth of the Northern Mariana Islands, on this date, and acknowledged the execution of the foregoing instrument to be the voluntary act and deed of the applicant therein named and for the purposes therein set forth, that they are duly authorized to execute the instrument, and that the statements and representations contained therein are true to the best of their knowledge and belief.

(Signature of Notary Public) Date

A Notary Public in and for _____

State of _____

My Commission Expires _____