



**STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS
RENEWAL APPLICATION FOR CERTIFICATE OF AUTHORITY
PAWNBROKER SERVICES**

Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 40-39-10 et seq. (Supp. 2003)
www.sccoconsumer.gov
803-734-4236/800-922-1594

Street Address
3600 Forest Drive
Columbia, SC 29204-4406

April 2008

RE: Renewal of Pawnbroker Certificate of Authority

Dear Pawnbroker:

PLEASE SAVE AND READ THESE INSTRUCTIONS CAREFULLY.

The annual pawnbroker renewal period begins May 1, 2008, and ends **June 30, 2008**. During this period you must return the enclosed renewal application filled out in its entirety. **Failure to complete all information and/or submit owner/employee sheets or fingerprint verification forms (for any new previously unsubmitted employees, only) will result in denial and return of your application. Please use current original forms enclosed. Copies will not be accepted. Unsigned and/or unnotarized renewals will be returned.**

In addition, failure to file in a timely manner, i.e., by the **June 30th deadline**, will result in immediate administrative action by this Department. This may entail administrative fines for delinquent filing. To ensure that your application is received and your license renewed in a timely manner, remit your application as soon as possible during the filing period. **Applications are processed in order of receipt.**

A copy of your (1) current **pawn ticket**, (2) **purchase ticket** if different from pawn ticket, and (3) **forfeiture notice**, (4) **bond continuation certificate**, and (5) a complete list of your **employees** must be submitted with your renewal application. **Failure to submit these items with your renewal application will result in denial and return of your application.** If you have any questions concerning the renewal process or help with filling out your renewal application, please feel free to contact either the legal assistant, Nikkia Willingham, (803) 734-4246, the investigator for your area, or myself at the toll free number listed below. Thank you.

Sincerely,

Helen Fennell
Chief Enforcement Attorney

HF/pbca

Enclosures: PBCR 2008, Supp. Form A, & Fingerprint Verification

cc: Investigators:
Barbara Morris, (803) 734-4244
Bryon Gibbs, (803) 734-4292
Ken Middlebrooks, (803) 734-9609
Martha Guinyard, (803) 734-4250



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SEE ACCOMPANYING INSTRUCTION SHEET FOR COMPLETION AND SUBMISSION OF RENEWAL FORM.
FILE BY JUNE 30, 2008. *Please Print.*

1. PHYSICAL LOCATION(S)

2. I certify that my net worth (assets minus liabilities) still exceeds \$35,000 as of the date of my signature on this application. YES NO (Check One)

3. List the names and relationship to your business of all owners, employees and corporate officers, if applicable. (use additional sheets, if necessary). **A supplemental form A and fingerprint verification form must be completed only for any previously unsubmitted new employees.**

4. List the name and telephone number of the contact person at your business

_____ () _____

5. Remit the payment figured below to the address above:
Number of locations _____ x 275.00 = _____ Total Fee

6. Current Business Type: Sole Proprietorship Partnership Corporation (Check One)

7. Is "Current Business Type", above, a change from previous filing(s)? Yes No (Check One)
If the answer is "No", proceed to number 8., below.
If the answer is "Yes" and you are now a sole proprietorship or partnership, each owner and partner must complete the Birthdate and Social Security Number information, below.

Name	Birthdate	Social Security No.
_____	_____	_____
_____	_____	_____

If business type change is to "**corporation**", Articles of Incorporation, a Supplemental Form C, and a new bond, or rider to present bond changing name to corporation, must be submitted with renewal application. Birthdate and social security information is **not** completed for a corporation

8. I swear, affirm and certify that I have completed and/or reviewed all information required in this application and that all information contained herein and in all addending and supplemental forms is true and correct. I further certify that I understand that giving false information in this application or any addending or supplemental forms constitutes cause for denial or revocation of my application for certificate of authority and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

SWORN AND SUBSCRIBED to before me
this _____ day of _____, 20__

Signature

Notary Public for South Carolina
My Commission Expires: _____

Print name and relationship to business

**THIS PAGE FOR
FOR DEPARTMENT USE ONLY**

Date materials received _____ by _____ by mail _____ walk in _____

Filing materials reviewed by _____ date _____

Meets requirements Does not meet requirements Pending

- 1. Application complete for Certificate of Authority
- 2. Supp Form A, (O/E) Information on file for each new employee. (review file; list missing employees).

- 3. Fingerprint Verification form on file for each new employee. (review file; list missing employees).

- 4. Valid evidence of financial responsibility.

- 5. Ticket, forfeiture notice, etc., in compliance with Act & Regulation

- 6. Other

Telephone Calls

Date	_____	Comments	_____
	_____		_____
	_____		_____
	_____		_____

Returned to Accounting Date _____ By _____

**LIST OF PAWNBROKERS LOCATIONS
INSTRUCTIONS**

Note: Complete this attachment only if your answer to question 5 was two or more. Enter the present name and address of each location along with the name and telephone number of the contact person for that location.

1. _____
Business Name
_____ Name of Contact Person
Physical Address _____
_____ () -
City State Zip County Telephone Number

2. _____
Business Name
_____ Name of Contact Person
Physical Address _____
_____ () -
City State Zip County Telephone Number

3. _____
Business Name
_____ Name of Contact Person
Physical Address _____
_____ () -
City State Zip County Telephone Number

4. _____
Business Name
_____ Name of Contact Person
Physical Address _____
_____ () -
City State Zip County Telephone Number

5. _____
Business Name
_____ Name of Contact Person
Physical Address _____
_____ () -
City State Zip County Telephone Number

6. _____
Business Name
_____ Name of Contact Person
Physical Address _____
_____ () -
City State Zip County Telephone Number

7. _____
Business Name
_____ Name of Contact Person
Physical Address _____
_____ () -
City State Zip County Telephone Number

USE ADDITIONAL SHEETS IF NEEDED