



STATE OF LOUISIANA
OFFICE OF FINANCIAL INSTITUTIONS
BATON ROUGE, LOUISIANA



Dear Applicant:

In accordance with the provisions of the Louisiana Pawnshop Act, each location at which, or premises upon which, a pawnbroker regularly conducts business shall be designated as a licensee and shall be required to obtain its own individual license from the Commissioner.

Complete the enclosed application for the additional pawnshop license and return it to this Office with the following:

- a check in the amount of \$500, made payable to the Office of Financial Institutions
- a copy of your most recent occupational license for the proposed location
- Two (2) Original Fingerprint Cards (including fingerprints, printed name, signature, social security number, and date of birth) and \$50 background processing fee. (Note: See Fingerprint Card Information form for instructions)
- Louisiana Police Bureau Criminal Identification and Information Form must be completed. Louisiana State Police will not process incomplete forms. Incomplete forms will be returned. (See Fingerprint Card instructions.)

Any questions you may have should be directed to Sandra Ledoux at (225) 922-0638.

Sincerely,

John Ducrest, CPA
Commissioner of Financial Institutions

State of Louisiana
Office of Financial Institutions
Post Office Box 94095
Baton Rouge, Louisiana 70804-9095

APPLICATION FOR ADDITIONAL PAWNSHOP LICENSE

1. Name and address of **licensed** pawnbroker applying for the additional location:

2. Name, address and telephone number of the proposed pawnshop:

Name		Telephone No.	
Address		City	State
			Zip

3. If applicant will be doing business in a name other than the name shown in (2) above, so state below.

(List the trade name or assumed name of the entity)

If a trade name is used, attach a copy of the Certificate of Registration of Trade Name as filed with the Secretary of State's Office. If an assumed name is used, attach a copy of the Certificate of Registration as filed in the parish you intend to do business or as filed with the registrar of conveyance in New Orleans.

4. Manager of proposed pawnshop:

Name

Residence address Telephone No.

5. List the name, location and license number of any other pawnshop currently owned and operated by the applicant. Attach a list if you have more than one.

Name

Address Lic. No.

6. Is the proposed pawnshop business within 300 feet or less of any official gaming establishment or designated docking facility of a river boat licensed to conduct gaming activities or gaming operations pursuant to Chapter 4 or 5 of Title 27 of the Louisiana Revised Statutes of 1950. () **Yes** () **No**
If yes, please provide full details.

7. Attach a list of applicant's officers, directors, partners, owners, and their percentage of ownership. Also furnish a list of stockholders owning 10% or more of the company.
8. Contact person regarding this application: _____ Title: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Business Telephone No. () _____ Residence Telephone No. () _____
9. Is the proposed pawnshop location currently open and operating? () Yes () No
If so, by whom? _____
10. Do you understand that any false or misleading statement made in this application may be grounds for denial, revocation, or suspension of the pawnbroker's license? () Yes () No

Prepared this _____ day of _____, 20_____.

 (Full name of the pawnshop including trade name)

By: _____
 (Signature & Title)

 (Print or type name)

STATE OF _____

PARISH/COUNTY OF _____

Before me, the undersigned authority, personally came and appeared _____, who declared under oath that s/he is the _____ of _____, that s/he is authorized to complete the attached application for Pawnbroker Licensure and that all statements and representations made in the foregoing application are true and correct to the best of his/her knowledge, information and belief.

 (Signature and title)

Sworn to and subscribed before me on this the _____ day of _____, 20_____.

 (Notary Public)

 (Print name of Notary Public)

STATE OF LOUISIANA
OFFICE OF FINANCIAL INSTITUTIONS
BATON ROUGE, LOUISIANA

DATE: June 4, 1999

POLICY NO. **ND-01-99**

**MATURITY DATES FOR MISCELLANEOUS
AND JEWELRY PAWN TRANSACTIONS**

PURPOSE:

The purpose of this policy is to clarify the required maturity date when miscellaneous things and jewelry are combined into one pawn transaction.

TO WHOM THIS REGULATION APPLIES:

This policy applies to all pawnbrokers.

BACKGROUND:

LSA-R.S. 37:1800(A) states that "The maturity date for miscellaneous things shall be no less than three months from the pawn transaction date, and the maturity date for jewelry shall be not less than six months from the pawn transaction date."

SPECIFICS:

When miscellaneous things and jewelry are combined into a single pawn ticket, the minimum maturity date required on that pawn ticket shall not be less than six months; however, miscellaneous items may be taken for pawn on a separate ticket with a three-month maturity.

s/Doris B. Gunn
Doris B. Gunn
Acting Commissioner of Financial Institutions

AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES**THIS FORM MUST BE SUBMITTED FOR ALL PERSONS LISTED IN QUESTIONS # 4 AND 7**

Name:	Social Security #:
Home Address, City, State, Zip Code:	
Date of Birth:	Home Telephone No:

Read the following questions carefully. If the answer is "yes" to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgement amounts.

Have any civil judgments been entered against you during the past 10 years?	() Yes, attach explanation () No
Are there any civil proceedings pending against you or civil judgements entered against you which involve fraud or dishonesty?	() Yes, attach explanation () No
Have you ever been convicted of, plead guilty to, or entered a plea of Nolo Contendere (no contest) to a felony, including any which may have been expunged, set aside or for which you received a first offense pardon?	() Yes, attach explanation () No
Have you ever been convicted of, plead guilty to, or entered a plea of Nolo Contendere (no contest) to any misdemeanor involving theft, fraud, or dishonesty, including any which may have been expunged, set aside or which you received a first offense pardon?	() Yes, attach explanation () No
Have you been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	() Yes, attach explanation () No
Have you been refused a license or permit to do business under the provisions of a similar law or subject to any enforcement proceedings by any State or Federal government agency involving the revocation or suspension of any business license or permit, fines or penalties?	() Yes, attach explanation () No
Have you been discharged for cause or been requested to resign from any employment position?	() Yes, attach explanation () No

I hereby authorize the licensing authority, to make inquiries from any financial institution, credit bureau or law enforcement agency for the purpose of determining his/her financial responsibility, character and fitness in connection with an application for a license or registration.

I hereby certify that the information on this form is, to the best of my knowledge, complete and accurate.

Signature

SUBSCRIBED BEFORE ME ON THIS _____ day of _____, 20 _____.

AT: _____,
(CITY) (STATE or COMMONWEALTH)

PRINT NAME OF NOTARY PUBLIC:	SIGNATURE OF NOTARY PUBLIC:
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LOUISIANA OFFICE OF FINANCIAL INSTITUTIONS
8660 United Plaza Boulevard, 2nd Floor
Baton Rouge, LA 70809
(225) 925-4660

FINGERPRINT CARD INFORMATION

Act 236 of the 2006 Regular Session of the Louisiana Legislature amended LSA-R.S. 6:121.2 effective June 2, 2006. This section authorizes the Commissioner of Financial Institutions to request and obtain state and national criminal history record information on any person applying for any license with the Office of Financial Institutions, as well as require any applicant for any license to submit two full sets of fingerprints in a form or manner prescribed by the Commissioner as a condition of the Commissioner's consideration of their application.

WHO MUST SUBMIT FINGERPRINT CARDS:

- 1) **Owner(s):** Sole Proprietors; partners and general partners, if partnership; trustees; members and general members, if an LLC; and 10% or greater equity owners.
- 2) **Director(s):** All directors.
- 3) **Officer(s):** Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, President, Executive Vice President(s), Corporate Secretary, Treasurer, or individuals of similar status or function.

NOTE: *Louisiana residents or persons listed in Question 16 of the Uniform Application who have had a license since June 2001 are not required to submit fingerprint cards at this time.*

WHAT MUST BE SUBMITTED:

- 1) Two original Form FD 258 fingerprint cards, or equivalent, which can be obtained from your local law enforcement office. All information on these cards must be completed. Louisiana State Police will not process incomplete cards. Incomplete cards will be returned.
- 2) \$50 nonrefundable criminal background processing fee made payable to the Office of Financial Institutions. (This fee is in addition to the application fee.)
- 3) Completed Authority to Obtain Information from Outside Sources form, signed and notarized (included in application package).
- 4) Louisiana State Police Bureau of Criminal Identification and Information Form. All information on this form must be completed. Louisiana State Police will not process incomplete forms. Incomplete forms will be returned. (Form attached).

IMPORTANT NOTICE

Applicants submitting fingerprint cards that are smudged or unreadable will be required to resubmit new cards at no additional cost. This will add to the processing time of the application.

**Louisiana State Police
Bureau of Criminal Identification and Information
Baton Rouge, Louisiana**

FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY

****FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION****

****PLEASE PRINT****

Louisiana Office of Financial Institutions
FACILITY OR AGENCY

Robert F. Brian
FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

P.O. Box 94095
MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Baton Rouge, Louisiana 70804 (225) 925-4660
CITY STATE ZIP CODE FACILITY OR AGENCY PHONE NUMBER

Request For: (pick one only)

- | | |
|--|---|
| <input type="checkbox"/> ADULT DAY CARE | <input type="checkbox"/> MEDICAL EXAMINERS |
| <input type="checkbox"/> ADULT RESIDENTIAL | <input type="checkbox"/> NURSING HOME |
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION | <input type="checkbox"/> OCS FOSTER/ADOPTIVE |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET | <input type="checkbox"/> OCS PERSONNEL |
| <input type="checkbox"/> AMBULANCE SERVICE | <input checked="" type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS |
| <input type="checkbox"/> CASA | <input type="checkbox"/> OFFICE OF PUBLIC HEALTH |
| <input type="checkbox"/> CONCEALED HANDGUNS | <input type="checkbox"/> PHARMACY BOARD |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE | <input type="checkbox"/> POSTSECONDARY EDUCATION |
| <input type="checkbox"/> DAYCARE | <input type="checkbox"/> PRACTICAL NURSING |
| <input type="checkbox"/> DENTISTRY BOARD | <input type="checkbox"/> PRIVATE ADOPTION |
| <input type="checkbox"/> DEPARTMENT OF LABOR | <input type="checkbox"/> PRIVATE INVESTIGATORS |
| <input type="checkbox"/> DEPARTMENT OF PUBLIC SAFETY | <input type="checkbox"/> PRIVATE SECURITY |
| <input type="checkbox"/> EMPLOYERS | <input type="checkbox"/> PUBLIC HOUSING |
| <input type="checkbox"/> FIREFIGHTERS | <input type="checkbox"/> PUBLIC TAG AGENT |
| <input type="checkbox"/> GAMING | <input type="checkbox"/> REGISTERED NURSING |
| <input type="checkbox"/> HOME HEALTH AGENCY | <input type="checkbox"/> RELIGIOUS ACTIVISTS |
| <input type="checkbox"/> HOSPICE | <input type="checkbox"/> RIVERBOAT PILOTS |
| <input type="checkbox"/> IMMIGRATION | <input type="checkbox"/> SCHOOL |
| <input type="checkbox"/> INTERMEDIATE CARE FACILITY FOR
MENTALLY RETARDED | <input type="checkbox"/> SENATE AND GOVERNMENTAL AFFAIRS |
| <input type="checkbox"/> JUVENILE DETENTION CENTER | <input type="checkbox"/> TAXI DRIVERS |
| <input type="checkbox"/> DEPARTMENT OF INSURANCE | <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION |
| <input type="checkbox"/> MANUFACTURED HOUSING | <input type="checkbox"/> VOLUNTEERS WORKING WITH CHILDREN |

APPLICANTS FULL NAME: _____
****PRINT - USE INK**** LAST FIRST MIDDLE
{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE: _____

APPLICANTS SOCIAL SECURITY # ___ - ___ - _____ DATE OF BIRTH: ___ / ___ / ___

DRIVERS LICENSE # _____ & STATE _____ RACE ___ SEX ___

TYPE OF OFI LICENSE APPLIED FOR _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.

Attachment [G]

OFFICIAL GAMING ESTABLISHMENT STATEMENT

Full Legal Name of Applicant

will not operate or be situated within 300 feet of any official gaming establishment or docking facility of a riverboat licensed to conduct gaming activities or gaming operations.

Signature of Authorized Person

Print Name

Title