

**N J DEPARTMENT OF BANKING AND INSURANCE  
LICENSING SERVICES BUREAU  
P.O. BOX 473  
TRENTON, NJ 08625**

**LICENSE APPLICATION INSTRUCTIONS  
NEW JERSEY IN-STATE OFFICE LOCATION REQUIRED**

**All applications submitted to this office must be complete and include all fees, documents/ attachments. A preliminary review for correct fees will occur upon submission. No further review will occur if the fees are incorrect. Any incomplete application will not be accepted for processing and will be returned in its entirety. The processing time is contingent upon the complexity of the application.**

**GENERAL INSTRUCTIONS**

1. Indicate the type of license being requested in the space provided.
2. Type or print clearly all answers. Do not leave any questions unanswered. If a question is not applicable or the answer is none, please type or print N/A or NONE.
3. Insert on line #1, the complete name of the corporation, limited liability company, partnership, or sole proprietorship exactly as it appears in your incorporation/formation papers as filed with the N J Division of Revenue or on your trade name certificate filed with your County Clerk's office.
4. If you are unable to receive mail at the proposed address to be licensed appearing on the application, provide an alternate mailing address.
5. Attach a copy of your Certificate of Incorporation/Formation bearing the dated filing stamp of the Treasurer of the State of New Jersey. Foreign (out-of-state) entities must attach a copy of the Certificate of Authority to do Business in New Jersey bearing the dated filing stamp of the Treasurer of the State of New Jersey. A limited liability company must submit a copy of the LLC operating agreement. Partnerships or sole proprietorships utilizing a trade name must attach a copy of the trade name certificate bearing the dated filing stamp of the County Clerk's office in the county in which their business is to be located.
6. Attach a copy of the registration of alternate/fictitious name bearing the dated filing stamp of the Treasurer of the State of New Jersey if the entity uses a "doing business as/alternate name". If such name is used, it must be included on the line provided for D/B/A or Trade Name.
7. Application must be properly signed and dated by: (1) corporate president and secretary if a corporation; (2) managing member and witness if a limited liability company; (3) member of the partnership and a witness if a partnership; or (4) the sole proprietor and a witness if a sole proprietorship, in the spaces provided for attestation. Corporate seal or a facsimile of same must be affixed in the case of a corporate applicant. Signatures must be witnessed by a notary public or attorney.



# SPECIAL INSTRUCTIONS TO THE PAWNBROKER APPLICANT

**In addition to following the General Instructions, you must submit:**

1. An audited financial statement for the business prepared by a Certified Public Accountant.
2. An executed surety bond demonstrating coverage in the amount of \$1,000 per location. A blank form is included in the application materials.
3. A copy of an insurance policy demonstrating adequate liability and fire insurance coverage to cover any pledge in the event of loss by fire, theft, burglary or otherwise. Attach a copy of the insurance policy.
4. Application must include the following for each officer, director, partner, member, owner and stockholder owning 10% or more of the issued and outstanding stock:
  - a. Personal Certification Form
  - b. 2" x 2" Passport type photograph
5. All candidates for a New Jersey Pawnbroker license are required to complete a fingerprinting process as a condition of securing a Pawnbroker license. This requirement affects all new candidates for sole proprietorship Pawnbroker license as well as officers, directors, members, partners, and substantial stockholders of corporations, limited liability companies and partnerships seeking new business entity Pawnbroker licenses.
6. Attach evidence of the completion of the fingerprinting process for each officer, director, member, partner and substantial stockholder which should include:
  - a. a copy of the individual's completed Universal Form
  - b. a copy of the payment receipt issued by MorphoTrust, the fingerprint LiveScan vendor, at the time of completion of the LiveScan printing.

For more information on the fingerprinting process, go to:

<http://www.state.nj.us/dobi/banklicensing/pawnfingerprint.html>

If any of the individuals requiring fingerprinting do **NOT** live, work or go to school in New Jersey **or** do **NOT** live, work or go to school within ten (10) miles of any of New Jersey's borders, contact the Banking Licensing Services in writing by emailing [BlicBC@dobi.state.nj.us](mailto:BlicBC@dobi.state.nj.us) for appropriate information and forms for completion of the required fingerprinting. The written request **MUST** include the type of license for which you are applying, the name and mailing address of the company as well as identification of the individuals who will need fingerprinting and a contact name and telephone number. **NOTE:** This process will include the use of "ink and roll" fingerprint cards that can be obtained **ONLY** through the Licensing

Services Bureau, Banking, and that must be taken to the individual's local police/state police jurisdiction for completion.

Questions concerning this application should be directed to Licensing Services Bureau at (609) 292-7272 (follow menu prompts and select #3, then select #2, then select #1 to be connected to Banking Licensing staff)

**APPLICATION MUST BE COMPLETE UPON SUBMISSION OR IT WILL BE RETURNED.**

PBSPECINST811

<b>DEPARTMENT USE ONLY:</b>			
Ref No.	Rel No.	C/R No.	Date Proc.

**STATE OF NEW JERSEY  
DEPARTMENT OF BANKING and INSURANCE**

LICENSING SERVICES BUREAU  
PO Box 473  
Trenton, NJ 08625

**LICENSE APPLICATION**  
**NEW JERSEY IN-STATE OFFICE LOCATION REQUIRED**

<b>INDICATE TYPE OF LICENSE:</b>			
Motor Vehicle Installment Seller	Home Repair Contractor	Pawnbroker	
Check Casher			

<b>THIS APPLICATION IS FILED BY A:</b>	Corporation	Sole Proprietor	Partnership
	Limited Partnership	Limited Liability Company	

***TYPE OR PRINT CLEARLY***

1. Name of applicant: \_\_\_\_\_

D/B/A or Trade Name (if applicable) \_\_\_\_\_

2. N.J. Principal Business Address: *(include County)* \_\_\_\_\_

\_\_\_\_\_

Contact Person \_\_\_\_\_ Tel. No. \_\_\_\_\_

E-mail address **(Required)** \_\_\_\_\_

3. Federal Tax Identification No. \_\_\_\_\_

4. Alternate mailing address, if different from address to be licensed:

\_\_\_\_\_ Address

\_\_\_\_\_ Person to Contact Telephone No.

5. Officer/Member/Partner/Sole Proprietor information (attach additional sheets if necessary):

NAME	TITLE	BUSINESS ADDRESS

6. Director information (attach additional sheets if necessary):

NAME	BUSINESS ADDRESS

7. Stockholder/Member information (owners of more than 10%). Attach additional sheets if necessary.

NAME	% of OWNER-SHIP	BUSINESS ADDRESS

8. Name and business address of the registered agent in this State \_\_\_\_\_  
 \_\_\_\_\_

9. Date of incorporation/formation: \_\_\_\_\_

10. Place of incorporation/formation: \_\_\_\_\_ in the County of \_\_\_\_\_ State of \_\_\_\_\_

11. Date of authorization to do business in New Jersey \_\_\_\_\_ (applicable to foreign corporations).  
 Attach certified copy of certificate of incorporation/formation with all amendments to date.

12. Are all of the officers, members, directors, partners, owners or substantial stockholders over 18 years of age? Yes \_\_\_ No \_\_\_. Are all of the officers, members, directors, partners, owners or substantial stockholders citizens of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_.

13. Is the applicant or any officer, member, director, partner, owner or substantial stockholder now under investigation in this state, any other state, or federal jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Has the applicant or any officer, member, director, partner, owner or substantial stockholder had any fines or penalties levied in this state, any other state, or federal jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_

15. Has the applicant or any officer, member, director, partner, owner or substantial stockholder been arrested, indicted, convicted or pleaded “nolo contendere” to any offense, crime or misdemeanor (other than a motor vehicle violation) in this state, any other state, or by the federal government? Yes \_\_\_\_ No \_\_\_\_ If “yes”, complete an **ARREST FORM** found on [www.state.nj.us/dobi](http://www.state.nj.us/dobi).
16. Has the applicant or any officer, member, director, partner, owner or substantial stockholder ever had a license, or right to engage in any other business or profession, revoked, denied, suspended, restrained by any agency of this state, any other state, or by the federal government? Yes \_\_\_\_ No \_\_\_\_
17. Has the applicant or any officer, member, director, partner, owner or substantial stockholder of your organization ever held any license issued by the Department of Banking and Insurance? Yes \_\_\_\_ No \_\_\_\_.
18. Has the applicant or any officer, member, director, partner, owner or substantial stockholder ever filed a petition in bankruptcy or reorganization or been affiliated with any entity that has filed a petition in bankruptcy or reorganization? Yes \_\_\_\_ No \_\_\_\_.
19. Has the applicant or any officer, member, director, partner, owner or substantial stockholder been involved in material litigation during the five years prior to application? Yes \_\_\_\_ No \_\_\_\_ . Material litigation means any litigation that, according to generally accepted accounting principles, is deemed significant to any applicant’s or licensee’s financial health and would be required to be referenced in that entity’s annual audited financial statements, reports to shareholders or similar documents.

**SOLE PROPRIETOR ONLY**

20. Are you the subject of an arrest warrant for failing to comply with court ordered child support obligations and/or are you in arrears on such obligations for a period of six months or more? Yes \_\_\_\_ No \_\_\_\_  
**MAKING A FALSE STATEMENT MAY SUBJECT YOU TO CONTEMPT OF COURT.**

**For “No” response to either question contained in Question 12, refer to the website for an explanation of supporting documentation requirements.**

**For “Yes” responses to Questions 13 thru 20, refer to the website for an explanation of supporting documentation requirements.**

**Failure to provide the specific information requested will cause the application to be returned to you.**

**NOTE:** Disclosure of Social Security Numbers is mandatory for child support enforcement purposes. The authority to compel disclosure of Social Security Numbers is established at P.L. 1996, c.7 and N.J.A.C. 3:1-20.

**CERTIFICATION**

**I, the applicant, being duly sworn according to law depose and say that the answers set forth are true to the best of my knowledge and belief. This application is made for the purpose of inducing the issuance of a Banking License and I understand that any information withheld or which represents a material misstatement will constitute grounds for rejection of this application by the Commissioner of Banking and Insurance.**

Signed, sealed and delivered in  
the presence

\_\_\_\_\_  
(Print Name of Applicant)

**(CORPORATE SEAL)**  
(if applicable)

\_\_\_\_\_  
(Signature of Corporate President, Member, Partner or Sole Proprietor)

Attest: \_\_\_\_\_  
(Corporate Secretary or Witness)

**Subscribed and sworn to before me at**

\_\_\_\_\_

**this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_  
**(Official Title)**



# PERSONAL CERTIFICATION

(This blank form may be reproduced)

**Individual completing form check below:**

Officer/Partner/Member/Owner \_\_\_\_\_  
 Director \_\_\_\_\_  
 Stockholder \_\_\_\_\_  
 Employee \_\_\_\_\_

1. Name \_\_\_\_\_
2. Residence Address \_\_\_\_\_
3. Business Address \_\_\_\_\_
4. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
5. Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

**NOTE: Disclosure of Social Security Numbers is mandatory for child support enforcement purpose. The authority to compel disclosure of Social Security Numbers is established by P.L. 1996, c.7 and N.J.A.C. 3:1-20.**

6. Employment History for Five Year Period Preceding the Date of This Application

Date		(Include present employment as well as preceding five years)	
From	To	Name, Location & Type of Business	Position & Nature of Duties

Attach additional sheet if more space is needed to complete employment history

7. Are you over 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_. Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_. If no, in what country do you hold citizenship? \_\_\_\_\_.
8. Have you ever been arrested, indicted, convicted or pleaded “nolo contendere” to any offense, crime, or misdemeanor (other than a motor vehicle violation) in this state, any other state, or any federal jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_ **If “yes”, complete [ARREST FORM](http://www.state.nj.us/dobi) found on [www.state.nj.us/dobi](http://www.state.nj.us/dobi).**
9. Have any fines or penalties been levied against you by any state, municipality or federal agency? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Have you been involved in any material litigation during the five-year period prior to application? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Are you now under investigation in this state, any other state, or federal jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Have you ever held any license issued by the Department of Banking and Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Have you ever had a license or right to engage in any business which is the subject of this application or any other business or profession denied, revoked, suspended, otherwise restrained by any agency of this state, any other state, or by the federal government? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Have you ever filed a petition in bankruptcy or reorganization or been affiliated with any entity that has filed a petition in bankruptcy or reorganization? Yes \_\_\_\_\_ No \_\_\_\_\_.
15. Are you the subject of an arrest warrant for failing to comply with court ordered child support obligations? Yes \_\_\_\_\_ No \_\_\_\_\_. Are you in arrears on such obligations for a period of six months or more? Yes \_\_\_\_\_ No \_\_\_\_\_.

For “No” response to either question contained in Question 7, refer to the website for an [explanation of supporting documentation requirements](#).

For “Yes” responses to Questions 8 thru 15, refer to the website for an [explanation of supporting documentation requirements](#). Failure to provide the specific information requested will cause the application to be returned to you.

**CERTIFICATION**

I, the applicant, being duly sworn according to law depose and say that the answers set forth are true to the best of my knowledge and belief. This application is made for the purpose of inducing the issuance of a Banking License or an approval under an existing license, and I understand that any information withheld or which represents a material misstatement will constitute grounds for rejection of this application by the Commissioner of Banking and Insurance. This authorizes release to the New Jersey Department of Banking and Insurance any and all information pertaining to me, documentary otherwise, from all governmental agencies, federal, state and local, without exception, both foreign and domestic. A photostatic copy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Subscribed and sworn to before me

On this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Title

**STATE OF NEW JERSEY**  
**DEPARTMENT OF BANKING and INSURANCE**  
**DIVISION OF BANKING, OFFICE OF CONSUMER FINANCE**

**AGREEMENT CONCERNING THE MAINTENANCE OF RECORDS AT AN**  
**OUT-OF-STATE LOCATION**

This Agreement between the New Jersey Department of Banking and Insurance (NJDOBI) and \_\_\_\_\_(Licensee) which is duly licensed pursuant to the PAWNBROKERS ACT, N.J.S.A. 45:22-1 et seq. is hereby entered into between the parties to govern the examination of records pertaining to the business of the Licensee conducted pursuant to the Act and required to be maintained by the Licensee.

The parties hereby agree that:

1. A licensee is ordinarily required to keep its records available to be examined by the NJDOBI at its licensed location in this State.
2. The Licensee has requested in writing to be allowed to keep its records in a state other than New Jersey.
3. The NJDOBI agrees that the Licensee may keep its records at the following site located outside of New Jersey:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. The Licensee agrees, in return for being permitted to keep the records at the site specified in #3 above, that the NJDOBI may elect:
  - a) to have the Licensee produce the records, at a site in this State, which the NJDOBI shall designate; or
  - b) to examine the records at the out-of-state site specified in #3, or at some other mutually agreeable out-of-state site
5. The above Licensee shall not move the records from the site specified in #3 without permission from the NJDOBI. Where the records are moved pursuant to this subsection, this agreement shall continue in full force and effect, except for the change in the address set forth in #3 above.
6. The above Licensee agrees that the NJDOBI may seize the records at any out-of-state site in the same manner, and for the same reasons, that such records could be seized if they were kept in-state.
7. The Licensee further agrees to the following condition(s):

**RECORDS TO BE PRODUCED WITHIN THREE (3) BUSINESS DAYS OF THE REQUEST OF THE NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE.**

8. The NJDOBI reserves the right to rescind this agreement at any time upon notice to the Licensee. Within sixty days of receipt of notice, the Licensee shall comply with the recordkeeping requirements in effect at the time.

For the Licensee:

---

Print Name & Title

---

Signature

---

Date

For the NJDOBI:

---

Print Name & Title

---

Signature

---

Date

# BOND

WHEREAS, application has been made to the Commissioner of Banking and Insurance of the State of New Jersey by

\_\_\_\_\_ (If an individual or a partnership, insert full name(s) and add after each name the words "residing in the city of

\_\_\_\_\_ in the County of....., in the State of....." and then add, if applicable, the words "trading

\_\_\_\_\_ under the name of..... or if a corporation, insert name, and add the words "a corporation of the

\_\_\_\_\_ State of..... having its principal office in the city of ..... in the County of )

in the State of New Jersey for a license to engage in business pursuant to the provisions of N.J.S.A. 45:22 -1 et seq. known

as the "New Jersey Pawnbroker Law" in the city of \_\_\_\_\_ in the County of

\_\_\_\_\_ in said State and

WHEREAS, said applicant is/are required by said Law to execute a bond to the said State of New Jersey in the penal sum of One Thousand Dollars, and file the same with said Commissioner; Now therefore,

KNOW ALL MEN BY THESE PRESENTS, that \_\_\_\_\_

\_\_\_\_\_ (Name of Licensee) as a principal, and \_\_\_\_\_ of the City of \_\_\_\_\_, \_\_\_\_\_ (Name of Surety Company)

County of \_\_\_\_\_, State of \_\_\_\_\_ as surety, are held and firmly bound unto the State of New Jersey for the use of the State and of any other person who may have a course of actin against the principal herein named as licensee under the provisions of the New Jersey Pawnbroker Law aforesaid in the penal sum of **\$1,000.00** to be paid unto the State of New Jersey for the uses aforesaid, in, which payment well and truly to be made, we bind ourselves, and each of our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents. This bond shall become effective \_\_\_\_\_, 20\_\_\_\_\_, and shall terminate December 31, 20\_\_\_\_\_.

Sealed with our seals, dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

THE CONDITIONS OF THIS OBLIGATION are such that if the above bounden

\_\_\_\_\_ SHALL INDEMNIFY AND SAVE HARMLESS the State of New Jersey and any other person who may have a cause of action against the above bounden \_\_\_\_\_ as licensee under the provisions of the New Jersey Pawnbroker Law aforesaid then this obligation to be void and otherwise to remain in full force and virtue.

Signed, sealed and delivered in the presence of

\_\_\_\_\_ (Name of Licensee)

( Seal, if Corporation)

\_\_\_\_\_ (.....President, if Corporation)

Attest: \_\_\_\_\_

(.....Secretary, if Corporation) (Witness, if Sole Proprietor or Partnership)

\_\_\_\_\_ (Sole Proprietor or Partner or Member)

\_\_\_\_\_ (Surety Company)

By: \_\_\_\_\_ (Attorney in fact)